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| ***Southend, Essex &Thurrock Domestic Abuse Board***  Version:1.10.0.3  Hash:5Q44ThNaBLt0g3bRD8DT3agj8qY=  ***(SETDAB)*** |
| **REPORT TITLE:**  **Dementia & Domestic Abuse – the Hidden Victims** |
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| **1. INTRODUCTION**  The aim of this report is to highlight the effects of domestic abuse on older people particularly, those with complex needs such as dementia. It will highlight the main types of domestic abuse experienced by this group, including incidents of domestic homicide, utilising case studies to illustrate the forms of abuse that older people with dementia experience daily. The report will also look briefly at the gaps in services and how existing policies can be used to protect vulnerable people, whilst also highlighting how better partnership working can bridge these gaps.  The Government Domestic Abuse Bill 2020 defines domestic abuse as “any incidents or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those 16 or over who are, or who have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional” (Home Office 2012). In addition to these people living with dementia can be vulnerable to financial scams and economic exploitation. The Alzheimer’s society conducted a research in December 2011, that suggested that thousands of people living with dementia and Alzheimer’s in England and Wales have been victims of financial abuse through cold calling, mis-selling or scam mail.  While society as a whole is able to acknowledge that domestic abuse does exit for younger people and those with young children, we still struggle to recognise and accept that this is also an issue for older people and those suffering from dementia and that they can be both victims and perpetrators of domestic abuse. On the other hand, the vast majority of older people do not necessarily see themselves as being victims or perpetrators of domestic abuse as these behaviours may not have been challenged by that generation. For those who identify that there is a problem, they often feel that they are powerless and cannot do anything about the situation because they might not have known about the support that is available to them.  In England and Wales research is focused on two main types of abuse affecting older people either intimate partner violence (IPV) or adult familial violence (AFV) (McCreadie and Tinker 1992 as quoted in a dissertation by Caroline Venables). People with dementia are more vulnerable and can be subject to abhorrent mistreatment and abuse in a care homes, hospital or community settings. They may struggle more to express their feelings or remember what happened to them, making it much harder to detect abuse. Abuse of anyone is unacceptable, especially of vulnerable people with dementia, as such this report will aim to address this by looking at how adequate support, supervision and training can help to reduce this type of abuse in all settings.  **PURPOSE & METHODOLOGY**  This report was commissioned by SETDAB (Southend, Essex & Thurrock Domestic Abuse Board) to address the growing numbers of older people living with dementia who have been the perpetrators or victims of domestic abuse. The report uses a range of secondary data and will aim to capture the experiences of people living in Essex at the same time as looking at any correlations between geographical and national issues and how these can be used as guidance to outline best practice across Southend, Essex and Thurrock.  Domestic Homicide Reviews (DHR) became a statutory requirement in 2011 and since then in our area we have reviewed 34 cases and of these 6 cases involved older victims with dementia. In two of these cases the perpetrators were diagnosed with dementia, in another both the victim and perpetrator had a diagnosis All of these were intimate partner homicides and two involved firearms; three incidents happened in separate care home settings whilst the three others happened at the victims’ homes. The DHR cases will be discussed later in this report. Although this report was inspired by the numbers of domestic homicide in Southend, Essex & Thurrock involving dementia, the case studies will also cover other victims with dementia who are survivors of domestic abuse.  **2. BACKGROUND**  Domestic abuse is complex, wide reaching and an ever-growing problem in British society. It cuts across all age, gender, race, religion and socio-economic backgrounds. During the year ending 2017, the Home Office estimated that the social and economic cost of domestic abuse was in the region of £66 billion compared with the cost of crime which was £50 billion. The Home Office report used an adapted method for estimating the cost of domestic abuse that includes the harms suffered by victims throughout the complete period of abuse and recovery; emphasises the hidden, unreported, high harm, repeated nature of domestic abuse in the UK (Home Office, the Economic and Social Costs of DA).  The biggest component of this £66 billion represents the cost of physical and emotional cost of £47 billion, which is incurred to support the victims of domestic abuse to overcome symptoms including fear, anxiety, depression and so on. It is reported that between 2016 and 2017, 2.1 million people experienced some form of domestic abuse in England and Wales. Of these, 1.4 million are women, which represents 8.5% of the population and 700,000 men, or 4.5% of the male population (Safer Later Lives).  At present there are nearly 12 million older people over 60 years of age living in the UK, which represents 18.2% of the population with the majority being over 70 years of age. In 2017 the life expectancy for females was 82.9 years and 79.2 years for males. Domestic abuse can happen at any age and is predominantly perpetrated by men against women. According to the Crime Survey for England and Wales in 2019, over 280,000 people ages 60 to 74 years of age experienced domestic abuse. Despite these numbers, in 2017 only 3.1% of these over 61 years accessed services (Age UK, No Age Limit). On the other hand, it is worth noting that not all domestic abuse incidents get reported for young victims and even more so for older people, therefore we will never know the full extent and impact of domestic abuse.  These statistics are clear evidence that domestic abuse has a huge impact on people’s lives, in particular women, needless to say there are certain groups of people that experiences additional challenges and barriers. One such group are the elderly and more so those with dementia. There is a plethora of studies, surveys and reports on domestic abuse but very little relating to older people with dementia. As such, awareness raising campaigns have been targeted at younger victims and perpetrators, which reinforces the false assumption that domestic abuse does not exist beyond a certain age. However, the limited research available on domestic abuse and people with dementia, suggests that older women experiences of abuse are very different to those in younger age group. The experiences of older people with dementia are even more unique but has not been captured, acknowledged and documented, to the extent that this has been the biggest challenge in writing this report.  Attitudes to domestic abuse may be different across generations, older victims could be more inclined to stay silent and many may have lived with this for most of their adult lives. This is because culturally they may have regarded marriage as a life-time commitment and that they got married for better or for worst. On the other hand, over time a victim may become a perpetrator. This could occur in circumstances where they are caring for someone who has been controlling or abusive towards them over a long period of time, who now needs social care and might have a physical disability or cognitive disability such as dementia.  Older people are 46% more likely to be killed by a partner or spouse and 44% by their children or grandchildren. 41% of older people are killed in their own home by means of stabbings. During 2018/19 Age UK received 655 enquiries relating to domestic abuse. Government policies have evolved to respond to these trends in domestic abuse, however older women may not benefit from these generic policy changes as they require more tailored approaches to fit their unique experiences and needs.  **3. KEY FINDINGS**  The issue of domestic abuse and older people with dementia has been a challenging one. Throughout this research it has been difficult to locate many studies that have focused primarily on the issues of domestic abuse involving people with dementia, however the minimal evidence available points to the fact that safeguarding has a major role to play in tackling domestic abuse for older people, in particular those with dementia. In the absence of existing studies or research I have decided to focus on Domestic Homicide Reviews (DHRs) involving older people with dementia to get a better picture of the role that dementia plays in domestic abuse.  All the studies across the country that I have looked at, suggests that there are similarities between older people’s experiences of domestic abuse, including those with dementia, to that of younger people but there are various factors that are unique to older people but do not occur in younger people’s experiences. The following are example of these factors, and the case studies will give a clearer picture of these scenarios:   1. The victim is a carer 2. The perpetrator becomes the victim 3. The perpetrator is a carer 4. The perpetrator experiences mental health issues 5. The perpetrator is an adult child who feels they have a right to the family home and any savings that their parents might have. 6. The victim experiences financial abuse from carer, friends & family members   The consensus from Age UK based on their DHR thematic reviews is that older people feel that they:   1. May be too frightened to report domestic abuse to the police 2. Feel that they might not be believed 3. Feel that services are only for younger women 4. May be financially or physically reliant on the abuser 5. Have been experiencing abuse for so long that they have normalised such abuse   Further evidence from the Safer Lives Study indicates that there is a need to:  **Increase the visibility of Victims:** The situation for older people with dementia is that although some of their experiences are similar to those of younger people experiencing domestic abuse, the difference is that professionals are failing to identify signs of abuse among older people. This assumption may encourage health professionals to link injuries such as arthritis, diabetes, hearing loss, confusion or depression to age related concerns rather than the physical and traumatic effects of domestic abuse.  Older victims including those with dementia are unlikely and most times unable to disclose that they are experiencing domestic abuse at the first encounter with professionals, so perseverance is necessary. It is imperative to continue to raise awareness of the support that is available in the hope that the next time that they visit the GP, hospital or a visit from the district nurse might enable them to feel confident enough to make their disclosure and ask for help.  **Identifying long term abuse & Implications of dependency**: Research shows that victims are likely to have lived with their abusers for a long period time with 25% living with their abuser for over 20 years before seeking help. Many choose to stay because of pressure from family members such as adult children.  Furthermore, as mentioned earlier, older people are more likely to suffer from ill health problems such as dementia, diabetes, reduced mobility and other disabilities, making them vulnerable and isolated, thereby increasing the dependency on the abuser. There is a need to have IDVAs (Independent Domestic Violence Advocacy Service), providing more home visits for older client including those with dementia, who cannot access community services. It is also important to note that many victims will be living with, or being cared for by the perpetrator, reducing the opportunity for disclosure.  There are also instances when the perpetrator has a medical condition such as dementia and the victim has caring responsibilities and finds it difficult to leave. Professionals should not be misguided by the perceived vulnerability of the perpetrator as changes in behaviour due to dementia can also sometimes cause people to be abusive. This poses difficulties for the police as they have to determine if it is in the public interest to remove people from homes of relationships where there is a diagnosis of dementia or Alzheimer’s even though the perpetrator is the abuser.  **Older Victim & Professionals Attitude Towards Domestic Abuse** Older victims are less likely to identify their situation as abusive as they have grown up at a time when what goes on in the home was a private matter and it would be deemed socially unacceptable to discuss these matters, therefore victims can live the duration of a lifetime of abuse. This may be a particularly common occurrence for women from Black and other minority ethnic communities, especially for those from religious background. There is also a lack of formal and informal support networks available to older women so that they are unaware of the existing support that is available, as historically there were no support available when they were younger. The few support networks that they are aware of that might be available to them may share the same values of keeping the abuse behind closed doors.  According to the Safe Lives study 44% of victims over 60 experienced abuse from an adult family member compared to 6% of younger victims. This can be seen in the cases where victims are being cared for by an abuser, consequently presenting major challenges for professionals. This is largely because they present as less visible forms of abuse, which can be misinterpreted as medical conditions rather than abuse. The Safer Lives report refers to examples of incidents, for example where perpetrators have withheld fluids as a way of preventing the victim from going to the toilet too often, however dehydration can lead to other illnesses such as urinary tract infections (UTIs) and medical practitioners will not necessarily identify the cause as domestic abuse.  It is imperative that professionals can recognise the signs of older people enduring domestic abuse including people with dementia in order to develop ways of communicating with victims. YouGov, a leading market research organisation, conducted research which highlighted that half of healthcare professionals in GP surgeries and hospitals do not feel adequately trained to identify a domestic abuse victim. However, 34% of NHS staff feel that it is not their remit to identify any such cases, while 26% felt that they are unable to recognise the signs of abuse or do not know where to make referrals for support.  Currently there are very low levels of specialist services such as IDVAs in hospital settings. IDVAs are trained professionals who can identify signs of domestic abuse. The Trusted Professional programme, which is a project currently piloted by Age UK Surrey and Age UK Sunderland, provides training, resources and other tools to professionals to recognise the signs of coercive control. Within 10 months from the start of the project, 46 professionals were able to get disclosures of abuse from 260 women, of which many had never spoken of their experiences to anyone before.  The Spotlight published a Podcast interviewed with Camden Council regarding the Silver Project that they developed specifically to support older female victims of domestic abuse, including women with dementia. This project is run by Camden Solace Women’s Aid and Camden Safety Net. The project conducted one to one engagement and focus groups which revealed that the best engagement methods for older age groups were by advertising their targeted posters on public transport such as bus stops, buses and in local shopping areas.  These posters were targeted at the different age ranges for example of someone aged over 70, which highlighted that domestic abuse exists within this age group and showed different perpetrators such as partners, adult family members and carers. The findings from the Camden Solace Women’s Aid and Camden Safety Net strongly indicates that there is a need for this type of campaign and that they were fortunate that the local Clinical Commissioning Group (CCG) had a major role in funding a hospital based IDVA and were committed to conducting IRIS (Identification Referral to Improve Safety). Since the involvement and funding from the CCG in 2013 the project received 800 referrals from healthcare professionals, who would not have been aware of the service otherwise.  The study by Camden Solace Women’s Aid and Camden Safety Net also observed that the project has seen a shift to closer working relationships between the IDVA Service and Adult Social care teams as this is a cross cutting issue where Adult Social Care staff are trained to identify and refer to and get advice from IDVAs.  Another key finding was from a study in Slovenia where family violence is seen as a violation of human rights and Slovenia has adopted a zero tolerance to domestic abuse on their elderly through public campaigns and a law was passed in 2008 against this.  **4. CASE STUDIES**  These case studies will highlight the correlations between the findings based on studies across the country and explores the circumstances that these older people with dementia were in. Some of these contain examples of domestic homicide which readers might find distressing. Case studies one to three are based on survivors stories and case studies four to six are incidents of domestic homicides.  Case Studies – 1 – Perpetrator with Dementia (IPV)  In this case the perpetrator was diagnosed with dementia. His wife was the victim and she had experienced years of isolation and physical and emotional abuse from her husband. The attitude of adult social care and mental health professionals has been that the behaviour is caused by the dementia so therefore this was outside of their remit.  Police were called and he was arrested and taken to a mental health unit where they assessed him and diagnosed dementia.  In his absence, his wife courageously said that she did not want him to return to the family home.  Despite this, the mental health ward telephoned her and said it was her ‘duty to care for him as his wife’ and sent him home in a taxi. She ended up accepting him back home and disengaging from support.  After another incident of physical abuse, the husband was admitted to hospital in a psychiatric ward. A professionals meeting was held, and it was decided that it was not safe for him to return home.  He was placed in a permanent residential setting.  His wife told the IDVA a few weeks later that she was the happiest she had ever been, she was sleeping well and was going out with friends, something she had not been able to do throughout her marriage.  Case Study 2 – Victim of Intimate Partner Violence (IPV)  This case involved a social worker who was able to use the tools and resources of the local Age UK Trusted Professional Programme to engage a female with dementia and she disclosed that she was the victim of domestic abuse by her husband. The social worker was able to work with her to map out how the behaviour of the perpetrator had impacted on her mental health and behaviour. The social worker was able to move the victim to a residential home, away from the perpetrator and felt that the work of the Trusted Professional had helped her to ask the right questions and give people space to talk if they so wish.  Case Study 3 – Victim of Financial Abuse by Carer Abuse  The Trusted Professional Programme supported a 92 year old male with dementia who lived with his carer. The carer was given Power of Attorney when the victim’s wife died, and his memory began to fade. He slowly and systematically coerced the victim to gain access to his home and money resulting in the victim being entirely dependent on him. He was like a grandson to the victim and his wife and did the washing, shopping, cleaning and paying the bills. The carer even persuaded the victim to pay for his driving lessons and buy him a car.  The victim knew the carer was helping himself to his bank account but felt he needed him more than he needed his money. He spends most of his days in his bedroom reading sleeping and watching TV because “that’s how (the carer) likes it”. The GP, bank and solicitors were unable to recognise the signs of coercion and financial abuse.    Essex Case Studies – Domestic Homicides    Between 2011 and 2019 there has been 6 cases of domestic homicides involving older people. All 6 victims were white females, the youngest was 70 and the oldest was 94 years old. Three victims were killed by their husbands, one by her daughter another by her son and the other by her grandson. The method of killing included one stabbing, one strangulation, two shootings and one victim being thrown from a building and the method of killing is unclear for one victim. Three of the six victims were murdered in separate care home settings and three in their own homes.  The ages of the perpetrators ranged from 50 to 86 years old except for one who was 32. Two of the six perpetrators had intended to commit suicide and one managed to achieve this. The perpetrators can be placed in two categories: killed by their children/grandchildren or by their husbands:  Victims Killed by their children  1. The first victim was 94 years had dementia, she had a life expectancy of one week and her life was taken by her 32 year old grandson in a care home. Drug, alcohol and mental health played a part in this case. The method of killing was unclear.  DHR recommendations/Lessons Learnt from this case  Although these recommendations were aimed at other agencies, there is still the possibility SETDAB or commissioners to work with them to address the needs that the DHRs identified such as:   * Information sharing and responses to carers through its networks * Staff to be confident enough to be able to share information. * The importance of getting consent from service users to give confidence to share information with partners including other Local Authority borders.   The DHR process included a workshop for carers and families which concluded that there needs to be better responses and support for families supporting individuals with care and support needs including mental health, or drug and alcohol issues.   * There needs to be an improved culture of recognition of the role of families and of carers needs and how agencies can respond to these. * Better systems need to be put in place to for staff to have the tools and confidence they need to identify and support individuals, families and carers. * Strategic and operational staff to improve information sharing, communication, referrals and multi-agency working.   2. The second victim had dementia and her life was taken when thrown to the ground floor by her son in a care home; she was very frail and was not expected to survive much longer. There was no mental health, alcohol or drug use recorded in this instance.  3. The third victim was 70, had dementia, her life was taken by strangulation by her daughter, who was one of her carers. Mental health and alcohol played a part in this case. From examining these cases, it appears that in 2 of these cases that mental health, drugs and alcohol played a major part in these killings.  DHR recommendations/Lessons Learnt from this case  These recommendations were aimed at agencies such NHS England pertaining to the CCG’s involvement in ensuring that domestic abuse is part of GPs training. SETDAB could explore how it can assist other agencies to take a more joined up approach. Other recommendations are as follows:   * Essex Adult Social Care (ASC) to ensure that allocation processes are robust and to ensure that case allocation are taken up by appropriate qualified staff and for regular supervision to be given to unqualified staff. * Essex ASC and EPUT to ensure joint working between their staff and that information about cases be shared appropriately between practitioners and to hold regular multi-disciplinary meetings where appropriate. * EPUT to conduct audit of level of satisfaction regarding advice given and actions from carers who telephone the dementia helplines.   There were several other recommendations given to agencies such as Essex ASC, Anglia Community Enterprise, Mid and North Essex Surgery and Essex Police, largely relating to communication and updating partners, developing fit for purpose assessment tools, shifting from care management approach to the principles of the Care Act, the use of SCIE to enhance knowledge and implement the law etc.  Killed by their husbands  Three of the six victims were murdered by their husbands.  1. In one of these cases the victim was 82 year old was shot by her husband when he visited her in a care home. The perpetrator was 86 years old and both had dementia. There were no recorded incidences of abuse prior to this.  DHR recommendations/Lessons Learnt from this case  The recommendations lead to a Home Office pilot i.e. Operation Wishbone which was led by Essex police. This involved the police writing to GP before issuing of firearm licences. This pilot was a best practice initiative and has been rolled out nationally.  2. In the second case the victim was 77 and she was stabbed at the home address by her husband aged 80. He was suspected to have dementia and mental health issues. He unsuccessfully tried to take his own life. There were no recorded incidences of abuse prior to this.  3. The third case involved the victim was 78 she had a prognosis of under 1 year. She was shot by her 82 year old husband who later shot himself as he felt they had nothing to live for. There was no recorded abuse prior to this.  DHR recommendations/Lessons Learnt from this case  The recommendations in this case were directed at several other agencies and included:  Management of care plans and support needs, medication risk management for the GP surgery, the need to conduct assessment of needs whether they self-finance or not, SOVA to receive domestic abuse training, Blue Bird care to develop domestic abuse policies, all agencies to attend MARAC etc.  **5.** **RECOMMENDATIONS & GOOD PRACTICE FOR DOMESTIC ABUSE PRACTITIONERS**  My recommendations are based on the three key finding on page 4, which is also supported by the Safer Lives study that highlights the need to increase the visibility of victims; identify long term abuse and the implications of dependency and finally the need to change older victims and professionals attitude towards domestic abuse. This is also backed up by the Essex DHR recommendations.  As such we need to address the issues identified in this report and practitioners should consider the following actions:   * To develop and embed domestic abuse training to help practitioners to feel confident to question, respond to and give appropriate support to older victims. * To provide training for professionals across the healthcare and caring professions to identify signs of domestic abuse and respond appropriately. This will enable staff to effectively communicate with people with dementia, involving them in decision making in accordance with the Mental Capacity Act and better understand their behavioural and psychological symptoms. * To ensure resources are available to help victims and survivors of abuse. * To ensure that there is effective partnership working between domestic abuse and social care practitioners to share experiences about identification of domestic abuse and the best types of support that is available to meet victim’s needs. * To develop effective partnerships between police and NHS to properly support and protect older victims. * To obtain and include the views and needs of older people including those with dementia services in service planning. * Carers to be assessed and deemed capable of providing care and given training and long term support to enable them to deal with behavioural and psychological issues that can result in abuse of carers by people with dementia and vice versa. * Work towards changing victim’s perception of being a lifetime carer if their partner or family member is abusive to help them to identify their vulnerability in such circumstances. * To consider investing in more IDVAs in hospital settings who are better trained to identify abuse. Presently, most cases of abuse involving older people are treated as social care issues and not necessarily as domestic abuse.   Domestic abuse is a category of abuse which was added to the existing list of categories following consultation on the draft Care Act guidance. Financial abuse has also been highlighted further in the Care Act guidance following consultation as the signs can present differently from other more physical signs of abuse. The guidance outlines that the aims of adult safeguarding are to:  • Stop abuse or neglect wherever possible  • Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs  • Safeguard adults in a way that supports them in making choices and having control about how they want to live  • Promote an approach that concentrates on improving life for the adults concerned  • Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect  • Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult  • Address what has caused the abuse or neglect.  **6. CONCLUSION**  Although there are some studies that examine domestic abuse in older people, there is general shortage of studies to support the experiences of people with dementia. I have looked closely at the case studies to establish if there were any correlation or patterns in the motive, methods or other driving forces behind people’s experiences. What is clear is that dementia played a major part for both the perpetrators and more so for the victims. Dementia is evident in both categories of homicides i.e. those killed by their husbands who themselves had dementia and those killed by their children/grandchildren.  Throughout this research, I have seen evidence where other agencies have expressed that dementia is a growing problem in society and the distinction between domestic abuse and safeguarding can obscure the need to address this as a separate issue for victims, perpetrators and practitioners alike. Nonetheless the case studies and other studies indicates that there is still a lot of learning to be achieved across all partners in order to truly embed learning and approaches that will meaningfully protect people of all ages from enduring domestic abuse.  In one of the earlier case studies, the worker thinks that the key issue is separating the dementia diagnosis and any medication side effects from the domestic abuse.  Not all people who are diagnosed with dementia become abusive (the same as not everyone who drinks alcohol is an abuser) so the involvement of DA professionals in any safeguarding discussions are really important. It is also worth noting that if the victim has no care and support needs, they will not be covered under The Care Act for Adult Safeguarding so all the focus will be on the perpetrator.  The Care Act 2014 specifies that freedom from abuse and neglect is a key aspect of a person’s wellbeing. The guidance outlines that abuse takes many forms, and local authorities should not be constrained in their view of what constitutes abuse or neglect. It describes the following types of abuse, which include exploitation as a common theme physical abuse, domestic violence, sexual abuse, psychological abuse, financial or material abuse, modern slavery, discriminatory abuse, organisational abuse, neglect and acts of omission, self-neglect.  It is worth highlighting that whilst three of these homicides occurred in care home settings, that we should not arrive at the conclusion that care homes in Essex are unsafe places for older people, but to see this an opportunity to put in place meaningful solutions to protect older people suffering with dementia from being victims or perpetrators of and a stark reminder that domestic homicide can happen anywhere and also to anyone.  This report highlights that dementia is a growing issue in society and whilst the evidence is there to prove this, more work needs to be done to address this. It is hoped that this report will raise awareness and at the same time give practitioners some guidance to support their work with older people who may be affected by domestic abuse across SET.  **7. KEY DOMESTIC ABUSE & OLDER PEOPLE SERVICES CONTACT DETAILS**  Compass – Tel: 0330 333 7444/ Website: [www.essexcompass.org.uk](http://www.essexcompass.org.uk)  Age UK - [www.ageuk.org.uk/essex](http://www.ageuk.org.uk/essex)  Action on Elder Abuse - [www.elderabuse.org.uk](https://www.elderabuse.org.uk/)  Adult Safeguarding Southend - [www.southend.gov.uk/keeping-adults-safe/protection-vulnerable-adults](http://www.southend.gov.uk/keeping-adults-safe/protection-vulnerable-adults)  Adult Safeguarding Essex - [www.essexsab.org.uk/abuse/abuse-home](http://www.essexsab.org.uk/abuse/abuse-home)  Adult Safeguarding Thurrock - [www.thurrocksab.org.uk](http://www.thurrocksab.org.uk)  SETDA Website – [www.setdab.org](http://www.setdab.org) |
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