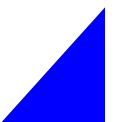


# ADDITIONAL INFORMATION



## **B1 Categories and Indicators of Abuse**

Adult Abuse can be viewed in terms of a number of key categories which are described below and which mirror the categories in 'In Safe Hands'. It is not unusual for an individual to be abused in more than one way and to fit into more than one category. Abuse can occur in a wide range of community and care settings including care homes, day centres, the person's own home or the home of a relative, worker or volunteer.

### **Physical Abuse**

Physical abuse can be caused either through acts of commission (action) or omission (inaction) including hitting, slapping, pushing, kicking, over or misuse of medication, undue restraint or inappropriate sanctions.

#### ***a) Bodily Assaults***

Infliction of pain;

Injury such as burns, bruises, fractures, dislocation of joints, welts, wounds,

Marks of unnecessary physical restraints.

#### ***b) Bodily Impairment***

Malnutrition including inappropriate diet and dehydration;

Poor hygiene;

Misuse of alcohol;

Sleep deprivation;

Improper ventilation (temperature);

Creating unsafe physical environment.

### **Possible Indicators**

History of unexplained falls or minor injuries;

Bruising;

Bruising on normally well protected areas e.g. inside thigh or inside upper arms;

Finger marks - grip or poking;

Burns in unusual places or of an unusual type;

Evidence of physical restraint, e.g. arms or legs tied to bed frame;

Injuries / bruising found at different stages of healing that would suggest a non accidental cause;

Injury shape similar to an object;

Injuries to head, face or scalp;

Pressure sores and being left in wet clothing;

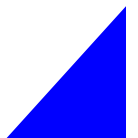
Hypothermia;

Dehydration and / or malnourished without an illness related cause or when not living alone;

Vulnerable person is often unkempt, unwashed, smelly.

#### ***c) Misuse or Restriction of Medication***

The consequence of receiving medication improperly i.e. being refused



medication, receiving too much or too little medication. Medical care may be made unavailable or be inappropriately provided when needed.

Using medication that has been prescribed for another person or for another purpose.

Using medication for the purpose of confinement and restraint or primarily for the convenience of staff or carers.

#### **Possible Indicator**

Excessive request for repeat prescriptions by carer or under use of medication.

#### **Sexual Abuse**

##### ***(a) Intentional Sexual Abuse***

Involving the vulnerable adult in such acts as rape, actual or threatened or sexual assault, or sexual acts to which the vulnerable adult has not or could not consent and/or was pressurised into consenting.

##### ***(b) Denial of Rights***

This includes denial of sexual expression or fulfilling sexual needs within the accepted norms of society.

#### **Possible Indicators**

Sexual behaviour which is out of keeping with the vulnerable adult's usual relationship or level of sexual knowledge;

The vulnerable adult behaves in a substantially different manner and inappropriately in the presence of certain persons, e.g. exhibiting sexually implicit / explicit behaviour, etc, Unexplained change in behaviour, e.g. showing overly compliant behaviour, self mutilation, acting out aggressive behaviour, or becoming withdrawn, choosing to spend the majority of time alone;

Physical signs and symptoms such as recurrent genital infections or soreness, bruises or bleeding in the genital or anal area, unexplained difficulty in walking or sitting, love bites;

Frequent complaints of abdominal pain without any obvious cause;

Torn, stained, or bloody underclothes.

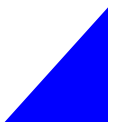
#### **Psychological Abuse**

##### ***(a) Persecution / Harassment***

Incidents including threats of harm or abandonment, verbal or racial abuse, isolation or withdrawal from services or support networks.

##### ***(b) Humiliation***

Making the vulnerable person feel ashamed of his/her involuntary behaviours, blaming the vulnerable person for attitudes, actions or events beyond their control, ridiculing the vulnerable person for his/her conduct, disregarding their presence and/or the



request of the vulnerable person. Coercion into activities that are inappropriate e.g. age, gender.

**(c) Confinement**

Involuntary withdrawal of a person from a valued activity;  
Imposing isolation or confinement to the immediate environment e.g. constantly sending people to their bedroom, locking doors;  
Confinement of the movement of a person's body, e.g. Buxton chair, tying to chairs.

**(d) Denial of Human Rights**

Denial of choice and privacy;  
Not allowed to take risks, being overprotected;  
Denial of dignity and respect;  
Denied involvement in making decisions about self;  
Deliberate withholding of information on choices and options.

**Possible Indicators**

The vulnerable adult:  
Appears withdrawn, agitated or anxious in general, or intimidated or subdued in the presence of the carer;  
May complain of feeling humiliated, depressed or consumed by hopelessness;  
May be frightened of making choices or exercising their rights because of threats or bribes;  
May have a change in their eating pattern resulting in unusual weight gain /loss;  
May have sleep problems, either insomnia or the need for excessive sleep;  
May be tearful, confused or have an air of resignation.  
The carer talks about the vulnerable adult in a dismissive or derogatory manner.

**Financial or Material Abuse**

Resulting from acts of commission and omission on the part of others including theft, fraud, pressure around wills, property or inheritance, misuse or misappropriation of benefits.

**Possible Indicators**

Unexplained or sudden inability to pay bills;  
Unexplained or sudden withdrawal of money from accounts;  
Disparity between assets and satisfactory living conditions;  
Reluctance by vulnerable adult / relatives to accept any necessary assistance requiring expenditure when finances are not a problem (NB some people are naturally thrifty);  
Extraordinary interest by family members and other people in the vulnerable adult's assets;

Missing personal belongings such as art or jewellery.



## **Neglect**

Including failure to access medical care or services, negligence in the face of risk-taking, failure to give prescribed medication, adequate nutrition or failure to provide heating.

### **Possible Indicators**

Dirt, faecal/urine smell, or other health and safety hazards in a person's living environment;

Prolonged loneliness;

Sense of isolation and depression;

Rashes, sores, lice on person;

Person is poorly or inadequately clothed;

Person is malnourished or dehydrated;

Pressure sores;

Person has an untreated medical condition;

Person has withdrawn behaviour;

Over or under medication;

Dishevelled appearance;

Basic needs appear not to be met e.g. person is always hungry, looks emaciated, person is left unattended at home and so put at risk;

Home environment does not meet basic needs e.g. no heating.

## **B2 Predisposing Factors Which May Lead to Abuse**

The following factors may make abuse more likely to occur.

### **Victim Characteristics**

a. Research has indicated that individuals with the following conditions and characteristics are more likely to be abused. Where the vulnerable adult:

has communication difficulties;

rejects help;

has unusual behavioural traits;

does not consider the needs of the carer and other family members;

is socially isolated;

is dependent on the carer for financial purposes;

is highly dependent on the carer for physical and/or psychological care.

b. If the family:

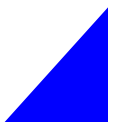
has poor family relationships or where family violence is the norm;

is under stress due to poor income or housing conditions;

roles have been reversed, where for example, a domineering parent becomes dependent.

c. The stress of caring for a physically and/or mentally frail adult without adequate support can lead to abusive behaviour towards an individual if the carer:

has unwillingly changed their lifestyle;



is not receiving practical and/or emotional support from other family members;  
is showing signs of physical or mental illness or becoming dependent on drugs or alcohol;  
is feeling emotionally and socially isolated, undervalued or stigmatised;  
has other responsibilities. e.g. family, work;  
has no personal or private space or life outside the caring environment;  
has frequently requested help but the problems have not been solved;  
is being abused by the vulnerable person;  
is reliant on the vulnerable person for financial assistance or has financial difficulties.

### **Abuser Characteristics**

Some abusers have some form of mental health problem, personality problem, addiction to alcohol or drugs or dependency on the vulnerable person for income, shelter or emotional support. Mistreatment of the vulnerable adult may be more likely where individuals:

lack support and social contact;  
lack understanding of the ageing process/illness/disability/need of the vulnerable adult and how to offer adequate care;  
have experienced major lifestyle changes which will have affected personal ambitions;  
feel emotionally isolated;  
have financial problems because of low income or debt problems;  
are dependent upon the person they abuse for accommodation, financial or emotional support;  
have made frequent requests for help from Health and Social Services without any resolution;  
have experienced previous relationship difficulties within the family setting;  
have no personal space;  
are in a role reversed relationship where for example, domineering parent becomes dependent;  
have poor housing conditions;  
lack self esteem and feel uncared for;  
feel resentment that they are being treated unfairly or feel that they are being victimised;  
suffer severe stress or are exhausted through lack of sleep and or heavy physical demands;  
feel exploited by relatives or service providers;  
are themselves abused by the vulnerable adult;  
demand or need a level of care beyond the capacity of the carer;  
feel isolated and lack other relationships which give social, physical and emotional satisfaction and support;  
have conflicting responsibilities or financial difficulties.



### **Employees / Workplace Characteristics**

Abuse may be more likely to occur in work place situations where the following factors are prevalent:

low staffing levels over a long period of time;

low staff morale;

inappropriate staff attitude;

inadequate staff training and support;

high staff turnover;

isolated, few visitors.



