What is Vulnerable Adult Abuse ?

Physical abuse

Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

 Possible indicators

* Unexplained or inappropriately explained injuries
* Person exhibiting untypical self-harm

* Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia
* Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body
* Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot liquid), rope burns, burns from an electrical appliance
* Unexplained or inappropriately explained fractures at various stages of healing to any part of the body
* Medical problems that go unattended.
* Sudden and unexplained urinary or faecal incontinence
* Evidence of over-/under-medication

* Person flinches at physical contact
* Person appears frightened or subdued in the presence of particular people
* Person asks not to be hurt

* Person may repeat what the alleged abuser has said (e.g. ‘Shut up or I’ll hit you’)
* Reluctance to undress or uncover parts of the body
* Person wears clothes that cover all parts of their body or specific parts of their body
* A person without capacity not being allowed to go out of a care home when they ask to
* A person without capacity not being allowed to be discharged at the request of an unpaid carer or family member

Sexual abuse

Sexual abuse includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

It includes penetration of any sort, incest and situations where the alleged abuser touches the abused person’s body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs.

Denial of a sexual life to consenting adults is also considered abusive practice.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker, social worker, residential worker, health worker etc.) may also constitute sexual abuse (see Section 3.16).

3.4.1 Possible indicators

* Person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained
* Person appears unusually subdued, withdrawn or has poor concentration
* Person exhibits significant changes in sexual behaviour or outlook.
* Person experiences pain, itching or bleeding in the genital or anal area
* Person’s underclothing is torn, stained or bloody
* A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant
* Sexual exploitation

The sexual exploitation of adults at risk involves exploitative situations, contexts and relationships where adults at risk, or a third person or persons, receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing or others performing on them, sexual activities.

Sexual exploitation can occur through the use of technology without the person’s immediate recognition. This can include being persuaded to post sexual images on the internet or mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. In all cases, those exploiting the adult at risk have power over them by virtue of their age, gender, intellect, physical strength or economic or other resources.

Psychological abuse

Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Psychological abuse is the denial of a person’s human and civil rights including choice and opinion, privacy and dignity and being able to follow one’s own spiritual and cultural beliefs or sexual orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

Possible indicators

* Atypical ambivalence, deference, passivity, resignation
* Person appears anxious or withdrawn, especially in the presence of the alleged abuser
* Person exhibits low self-esteem
* Atypical changes in behaviour (e.g. continence problems, sleep disturbance)
* Person is not allowed visitors or phone calls
* Person is locked in a room or in their home
* Person is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.)
* Person’s access to personal hygiene and toilet is restricted
* Person’s movement is restricted by use of furniture or other equipment
* Bullying via social networking internet sites and persistent texting

Financial or material abuse

Financial or material abuse includes theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

 Possible indicators

* change in living conditions
* lack of heating, clothing or food
* inability to pay bills and unexplained shortage of money
* unexplained withdrawals from an account
* unexplained loss or misplacement of financial documents
* the recent addition of authorised signers on a client or donor’s signature card
* sudden or unexpected changes in a will or other financial documents

This is not an exhaustive list, nor do these examples prove that there is actual abuse occurring. However, they do indicate that a closer look and possible investigation may be needed.

Neglect and acts of omission

Neglect and acts of omission, including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within a person’s own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Possible indicators

* Person has inadequate heating or lighting
* Person**’**s physical condition or appearance is poor **(**e.g. ulcers, pressure sores, soiled or wet clothing)
* Person is malnourished, has sudden or continuous weight loss or is dehydrated
* Person cannot access appropriate medication or medical care
* Person is not afforded appropriate privacy or dignity
* Person or a carer has inconsistent or reluctant contact with health and social services
* Visitors are refused access to the person
* Person is exposed to unacceptable risk

Discriminatory abuse

Discriminatory abuse includes forms of harassment, slurs or similar treatment, because of race, gender and gender identity, age, disability, sexual orientation or religion.

Possible indicators

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.

* A person may reject their own cultural background or racial origin or other personal beliefs, sexual practices or lifestyle choices
* A person making complaints about the service not meeting their needs

Organisational abuse

Organisational abuse includes, neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults at risk.

Organisational abuse can occur in any setting providing health or social care. A number of inquiries into care in residential settings have highlighted that organisational abuse is most likely to occur when staff:

* receive little support from management
* are inadequately trained
* are poorly supervised and poorly supported in their work
* receive inadequate guidance

Such abuse is also more likely where there are inadequate quality assurance and monitoring systems in place.

Possible indicators

* Unnecessary or inappropriate rules and regulations

* Lack of stimulation or the development of individual interests
* Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership
* Restriction of external contacts or opportunities to socialise

Self-neglect

Self-neglect can be defined as the inability, intentional or unintentional, to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and potentially to their community.

An individual may be considered as self-neglecting, and therefore maybe at risk of harm, where they are:

* either unable, or unwilling to provide adequate care for themselves
* unable to obtain necessary care to meet their needs
* unable to make reasonable or informed decisions because of their state of mental health, or because they have a learning disability or an acquired brain injury
* unable to protect themselves adequately against potential exploitation or abuse
* refusing essential support without which their health and safety needs cannot be met