



## Emotional/psychological

### Activity 5: Indicators of abuse / harm / neglect

# Category of Abuse: Emotional / Psychological Abuse

Threats of harm or abandonment, coercive control, humiliation, verbal or racial abuse, isolation or withdrawal from services or supportive networks (coercive control is an act or pattern of acts of assault, threats, humiliation, intimidation or other abuse that is used to harm, punish or frighten the victim).

#### INDICATORS

##### Physical

- self-harm / Injury
- sleep disturbances
- change in appetite, weight loss
- isolation in a room
- inappropriately or oddly dressed by carer

##### Emotional

- passivity
- agitation
- confusion
- resignation
- fearfulness
- depression
- suicidal ideation
- helplessness
- tearfulness
- low self esteem

##### Behavioural

- insomnia
- recoiling from the approach of carer(s)
- avoidance of eye contact
- cowering
- head banging, hand biting
- running away, not wanting to go home

##### Social

- an air of silence when the abuser is present
- overtly subservient or anxious to please
- excessive and inappropriate craving for affection
- anxiety / stress / fearfulness around a particular person or place
- social activities and friendships controlled by the abuser
- age-appropriate peer interaction (e.g. on-line) prevented
- unwilling to allow visitors into home

#### WHERE MIGHT THIS HAPPEN?

- person's own home
- residential care home
- nursing home
- hospital
- school / college
- daycare
- nursery
- childminders
- sheltered accommodation
- relative's home
- public place

#### WHO MIGHT BE INVOLVED OR CAUSING THIS?

- domiciliary carer
- residential carer
- relative / parent / child / spouse / other carer
- support worker
- professional

**Physical****Activity 5: Indicators of abuse / harm / neglect****Category of Abuse:  
Physical Abuse**

Hitting, slapping, over or misuse of medication, acts of undue restraint, or inappropriate sanctions.

**INDICATORS****Physical**

- injury incompatible with its explanation
- injury which has not been properly cared for
- cuts, scratches, lacerations, weal marks
- puncture wounds
- bruises or skin discoloration
- sprains
- bite marks
- fingertip and pinching marks
- burns and scalds, including friction burns
- any fracture without a satisfactory explanation of accident
- carpet burns
- restraint injuries
- excessive repeat prescriptions; under / over use of medication

**Emotional**

- confusion
- fearfulness
- low self esteem
- unexplained paranoia or terror

**Behavioural**

- signs of hair pulling
- significant loss of weight or appetite
- insomnia
- flinches at physical contact
- excessive drowsiness
- varying or inconsistent accounts of injury by carer
- management by restraints, physical restrictions, or force
- bedwetting
- disturbed sleep pattern
- asks not to be hurt

**Social**

- unacknowledged or hidden injuries (e.g. covered by clothes)
- unlikely or varying explanations of an injury by the person
- uncharacteristic behaviour or withdrawal
- cruelty by a child towards more vulnerable children, animals or in play
- fearfulness around a particular person or place
- running away or not wanting to go home

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**WHO MIGHT BE INVOLVED  
OR CAUSING THIS?**

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- support worker
- professional
- family friend / neighbour
- stranger



## Financial

# Activity 5: Indicators of abuse / harm / neglect

## Category of Abuse: Financial Abuse

- having money or other property stolen;
- being defrauded;
- being put under pressure in relation to money or other property;
- having money or other property misused.

Financial abuse in relation to children and young people could include:

- child workers without pay
- EMA taken by family without child's consent
- child's belongings sold or missing
- benefit claims for the child, which are not real and fabricated illness
- misusing allowances/grants for children's care
- inappropriate cars that have been supported by allowances and Motability
- children looked after payments being spent, but not to the benefit of the child, by foster carer or kinship carer.

### INDICATORS

#### Physical

- pension or benefits are cashed but the individual has no money, especially when the person needs assistance to spend money.
- unexplained or inappropriate withdrawals from bank accounts.
- unpaid bills or overdue rent when another person has taken responsibility.
- creation / changes to enduring power of attorney, will or insurance beneficiaries when the person is incapable of making such decisions.
- entry into residential / nursing home care is prevented by relatives concerned about losing inheritance of property.
- disappearance of financial documents, e.g. bank / building society records, payment / order books, or benefits papers.
- financial signatures, e.g. cheques, unlike the person's signature, or when they cannot write.
- missing personal belongings such as silverware, jewellery, or other valuable items.

- lax financial recording / monitoring in a care setting.
- online transactions when the person does not have necessary skills.

#### Emotional

- confusion, distress or fear when financial anomalies are discussed.
- person expresses worries about theft, threats, coercion, or disappearance of possessions.

#### Behavioural

- unusual concern by abuser that too much money is being spent on the care of the person.
- vulnerable person echoes the abuser's unlikely explanations.

#### Social

- deliberate isolation by abuser / carer from friends or family, resulting in them taking financial control.
- lack of normal amenities such as tv, appropriate clothing, personal grooming items.
- prevention by abuser / carer from spending money on cultural / social activities
- unreasonable use of social benefits e.g. motability car, by abuser / carers.

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## Neglect

### Activity 5: Indicators of abuse / harm / neglect

# Category of Abuse: Neglect

Neglect means a failure to meet a person's basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person's well-being (for example, an impairment of the person's health or, in the case of a child, an impairment of the child's development). Includes the failure to access medical care or services, negligence in the face of risk-taking, failure to give prescribed medication, failure to assist in personal hygiene or the provision of food, shelter, clothing; emotional neglect.

#### INDICATORS

##### Physical

- lack of personal care or appropriate supervision
- unacceptable management of continence
- excessive dirt or health hazards in the living environment
- rashes, sores, lice
- misuse of medication
- failure to obtain / facilitate use of prosthetics, dentures, glasses, hearing aids, or other required equipment
- home environment not conducive to basic health needs
- inadequate heating, lighting, or bedding
- poor furnishings in the person's room compared to the rest of the house
- lack of appropriate physical contact, warmth, sensitivity or empathy
- lack of help to move around
- careless treatment of possessions, clothing or pets by carers
- injury which has not been properly cared for
- poor skin condition, untreated pressure sores, ulcers, bedsores
- being left in wet or soiled clothing or bedding
- hypothermia, dehydration, malnutrition or significant weight loss
- health deterioration or untreated medical condition
- lack of toys or personal possessions for a child
- excessive repeated prescriptions, or under / over use of medication

##### Emotional

- insomnia
- fearfulness
- low self esteem
- loneliness

##### Behavioural

- withdrawn and disengaged
- dishevelled appearance
- drowsiness
- constant hunger, stealing food, eating waste food

##### Social

- unsuitable clothing for weather conditions
- isolation, no peer / friendship groups
- unwilling to allow visitors into home
- no engagement in social / cultural activities

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## Sexual

# Activity 5: Indicators of abuse / harm / neglect

## Category of Abuse: Sexual Abuse

- rape and sexual assault or sexual acts to which the vulnerable adult has not or could not consent and / or was pressured into consenting
- a child under the age of 13 years **cannot** consent to sexual activity

### INDICATORS

#### Physical

- difficulty in walking or sitting
- torn or bloody underclothing
- semen staining on clothing
- pain, discomfort or itching in genital area
- unexplained genital, vaginal, anal or oral injury
- bilateral bruising to hips, buttocks or inner thighs
- restraint marks on wrists, legs or neck
- recurring urinary tract infections
- tearing of penile fraenum or tissue
- love bites
- pregnancy

#### Emotional

- distress
- tearfulness
- confusion
- fearfulness
- low self esteem
- feeling of guilt, shame
- feelings of worthlessness or being damaged
- withdrawal
- anger

#### Behavioural

- insomnia
- flinches at physical contact
- over-affectionate displays
- overt sexual behaviour / language / play by the person
- signs of incestuous relationships
- bedwetting, aggressiveness, self-injury or fire setting
- disturbed sleep pattern
- fear of medical examinations, or carer blocks examination

- significant weight loss or gain
- alleged abuser encourages age-inappropriate dress or make-up
- attempts to appear unattractive; poor hygiene; odd clothing
- running away or not wanting to go home

#### Social

- isolation, no peer / friendship groups or social / cultural activities
- social activities and contacts controlled by the alleged abuser
- unwilling to allow visitors into home
- fearfulness or silence around a particular person or place
- unexplained gifts, money, jewellery, perfume
- unwillingness to talk about where or with whom they go
- secretive, anxious or unusual on-line activity

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# Barriers to sharing allegations and suspicions

## Barriers for adults and children and young people

- fear of retribution: being left alone or sent into 'care', being shunned by family
- hopelessness about solutions
- fear of the impact on others
- communication difficulties
- inappropriate medication
- poor awareness of rights
- acceptance
- low self-esteem and guilt
- love or care for abuser.

## Barriers for staff or volunteers

- fear of being labelled as a troublemaker
- not knowledgeable about what abuse is
- think service user is a troublemaker / prejudice towards the service user
- cultural or institutional issues – may have been drawn into the behaviour, bullying culture
- stigma of being a whistle blower – ostracised, victimised
- not wanting to tell on colleagues and protecting friends
- burnout / stress
- fear of loss of promotion, job and 'references'
- lack of understanding organisational policy and procedures
- attitude / indifference of not being 'bothered'
- past experience of reporting
- denial or disbelief
- fear of hierarchy – may be senior staff are responsible.

## Barriers for family and friends

- denial
- not wanting outside interference
- shame / stigma
- culture
- financial loss and consequences
- feeling powerless and fear of repercussions
- fear of losing or taking responsibility
- guilt at not having stopped it
- collusion
- fear of effect on others
- not wanting the attention
- no evidence
- not wanting family broken up
- previous abuse or other things to hide



# Allegations and suspicions - do's and don'ts

## Do's

- Stay calm /do not show shock.
- Listen carefully, gently and patiently rather than asking questions.
- If you do ask for more information use TED: 'tell me...' 'explain to me...' 'describe...' this should mean you do not ask leading questions.
- Encourage them to talk and listen to them.
- Be non-judgmental.
- Start with an open mind and tell the individual that you treat this seriously.
- Allow the individual to recall events and describe what has happened in their own time.
- Reassure the individual they are doing the right thing by telling you and that they are not to blame.
- Be clear about your own position and what action you must take such as telling the individual that you need to pass the information on.
- Write down what you have been told, using the exact words if possible including the date, time, place and people present which you sign and date.
- Keep any drawings, etc, that they may do.
- Make sure you preserve any 'evidence', keeping it safe (e.g. no washing of clothes or showering) and uncontaminated.
- Ask for their consent for their information to be shared with other agencies on a 'need-to-know' basis (you cannot, though, guarantee confidentiality).
- Report the allegation as soon as possible – inform your line or senior manager, unless you suspect they are implicated.
- Give the individual contact details so they can ask questions or discuss issues (they need to know who they can get information from).

## Don'ts

- Show shock, disgust or disbelief.
- Judge.
- Prompt them or ask detailed or leading questions.
- Make assumptions or put words into their mouth.
- Promise it will not happen again.
- Interrupt or stop them from freely recalling events.
- Make them repeat their account unnecessarily.
- Pressurise the individual for more details
- Ignore what you have been told.
- Promise to keep secrets - or make promises you can not keep.
- Do not contact or confront the alleged abuser.
- Don't contaminate or remove any evidence.
- Expose the individual to an examination to verify injuries.
- Dismiss your concerns or worry that you may be mistaken.
- Discuss individual cases or give information about the allegation to anyone who doesn't need to know.



# Top tips for good records

- Factual information e.g. times, dates, names, witnesses
- All contacts i.e. face to face, telephone, correspondence
- Contact with other agencies
- Decisions made
- Records must be a clear, accurate record what people said using their own words
- Keep objective
- List actions in correct order
- Date and sign your record
- Use a ball point pen - black ink preferable
- Legible hand writing
- Keep a copy for future reference

## What to record

- What was observed
- What was heard
- What was disclosed / said to you
- Date incident took place
- Time incident took place
- People involved
- Location
- Sign and date record

## Information should be shared when:

- Risk to individual or others
- A law has been broken

## How to share information

- Gain consent if possible, if not, let the person know you will have to tell someone
- Need to know basis
- Secure sharing – no faxes, messages on answer machines. If you can't verify identity of person, not over the phone
- Record actions
- If in doubt, ask the manager

## Data Protection Act

The law expects that all records are:

- Accurate, honest, and fair
- Kept securely
- Have a genuine purpose for being kept
- Relevant to their purpose

## General Data Protection Regulation (GDPR)

- Comes into force in May 2018
- Introduces a duty on all organisations to report certain types of data breach to the Information Commissioner's Office, and in some cases, to individuals.

For more information, go to:

**[ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/)**