



# **Recognising and responding to the abuse or neglect of adults with care and support needs**

## 1. What is safeguarding?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect.

It is about putting the person first and, is achieved by people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is being promoted and has regard to their views, wishes, feelings and beliefs in deciding on any action.

The safeguarding process is inclusive, at all stages, of the adult(s) concerned.

This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

- a. It is about the person first;
- b. It is achieved by people and organisations working with the person to manage the risks and, where possible, stop the experience of abuse and neglect;
- c. It is about supporting people where things go wrong

It includes:

- Caring organisations taking responsibility for providing safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of the services they commission;
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- Individuals taking personal and professional responsibility to address concerns where they arise.

### Six key principles underpin all adult safeguarding work

Principles	Definition	Personal outcome
<b>Empowerment</b>	People being supported and encouraged to make their own decisions and informed consent.	"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."
<b>Prevention</b>	It is better to take action before harm occurs.	"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
<b>Proportionality</b>	The least intrusive response appropriate to the risk presented.	"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

<b>Protection</b>	Support and representation for those in greatest need.	"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."
<b>Partnership</b>	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."
<b>Accountability</b>	Accountability and transparency in delivering safeguarding.	"I understand the role of everyone involved in my life and so do they."

## **2. When do the Oxfordshire Safeguarding Adults procedures apply?**

The safeguarding duties apply when an adult aged 18 or over:

1. Has needs for care and support; and
2. Is experiencing, or at risk of, abuse or neglect; and
3. As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

This may include:

- People with a mental health problem or mental illness (including dementia);
- People with a physical disability;
- People with drug and alcohol related problems;
- People with a sensory impairment;
- People with a learning disability;
- People who have a physical illness;
- People with an acquired brain injury;
- People who are frail and/or are experiencing a temporary illness.

Who may be:

- Living in their own home;
- In hospital;
- In residential care and/or nursing home;
- Attending a day centre;
- Attending a social club;
- Without a permanent home.

It is important to note that inclusion in one of the above groups does not necessarily mean that a person is implicitly unable to protect themselves from abuse or neglect.

The Care Act guidance 2014 describes “care & support” as:

*“The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people’s needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations”.*



### 3. What are abuse and neglect?

Abuse includes all forms of harm and mistreatment. It may include:

Type of abuse	Examples
<b>Physical abuse</b>	Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
<b>Domestic violence</b>	Psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence. This would include female genital mutilation and forced marriage.
<b>Sexual abuse</b>	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.
<b>Psychological abuse</b>	Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, radicalisation, harassment, verbal abuse, cyber bullying or other forms of on-line abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
<b>Financial or material abuse</b>	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.
<b>Modern slavery</b>	Encompasses slavery, human trafficking, exploitation and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
<b>Discriminatory abuse</b>	Forms of harassment, slurs or similar treatment, because of race, gender and gender identity, age, disability, sexual orientation or religion.
<b>Organisational abuse</b>	Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, 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.
<b>Neglect and acts of omission</b>	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
<b>Self-neglect</b>	A wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Incidents of abuse may be one-off or multiple, and affect one person or more. It is important to note that abuse is not always intentional.

#### **4. Spotting signs of abuse and neglect**

It is the responsibility of all individuals and agencies having a responsibility for the care, treatment and support of the person to be alert to the possibility of abuse and be aware of the signs and indicators of abuse.

Concerns may arise as a result of a single incident, allegation or disclosure; or they may arise as a result of an accumulation of indicators and/or signs. The responsibility to report any suspicion, allegation or disclosure of an incident rests with the individual who identifies the concern regardless of their place within the organisation or their employing agency.

#### **What might I be concerned about?**

- A person not getting the help or care they need;
- A person being hurt, bullied, frightened or intimidated;
- A person being taken advantage of, or exploited because of their age, disability or illness;
- A person not being allowed to make their own choices or decisions;
- A person being made to do something against their will;
- A person not being treated in a dignified or respectful manner;
- Never being allowed to see the person on their own.\*

#### ***\* Practice point:***

***Always try and see the person on their own for at least some of the time. It is important that they too have a right to confidentiality and to be free to talk in private.***

#### **What might cause concern?**

- You might see and/or hear something happen:
  - Someone being bullied or intimidated;
  - Someone being made to feel frightened or unhappy;
  - Someone in a situation of unnecessary risk.
- The person might tell you (see below)
- Somebody might tell you something or say something that gives cause for concern, e.g.
  - A colleague;
  - Family member;
  - Member of the public.

- There might be physical signs or unexplained or unusual injuries:
  - Bruises;
  - Slap marks;
  - Black eyes;
  - Bleeding;
  - Burns;
  - Cigarette marks;
  - Torn, stained or bloodstained clothes.
  
- The person might say things or behave in a way that causes you concern:
  - The person may seem unhappy or distressed;
  - The person may appear frightened, anxious or agitated without identifiable cause, or in relation to certain people;
  - Sleeping problems;
  - Constant visits to the toilet without a medical reason;
  - Other unexplained changes in how the person behaves;
  
- You may not know. It is enough that you are worried.

A more complete list of types, signs and indicators of abuse can be found at the end of this section.

## 5. Responding to Adult Safeguarding Concerns – a summary of what to do

There are some key responsibilities and actions for **anyone** who identifies the possibility of abuse or neglect. Wherever possible these responsibilities must be addressed on the same day as the Alert is raised.

<p><b>Address any immediate safety and protection needs</b></p>	<p>Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger. Where appropriate, call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress.</p> <p>Summon urgent medical assistance from the GP or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. You can call the NHS 111 service for urgent medical help or advice when it's not a life-threatening situation.</p> <p>Consider if there are other adults with care and support needs who are at risk of harm, and take appropriate steps to safeguard them.</p> <p>Consider supporting and encouraging the adult to contact the police if a crime has been or may have been committed.</p> <p>Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording.</p>
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<p><b>Talk to the person &amp; obtain consent</b></p>	<p>Ask the person, or if the person is not able to tell you, their carer, how the injury was sustained e.g. where did you get that bruise? Ask the person if anything is worrying them; tell them what is worrying you.</p> <p>Take time to listen to the person rather than directly question him or her.</p> <p>Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they have said seriously.</p> <p>Ask them what they want to happen and what outcomes they want Tell them what you can do to help.</p> <p>Reassure the person that their wishes will be taken into account.</p> <p>Don't promise that you will be able to keep what the person says a secret. Make explicit the fact that you may need to share what you are told, but only to people who need to know.</p> <p>Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.</p>
<p><b>Preserve evidence</b></p>	<p>Write down why you are concerned about a person as simply and clearly as you can, and as soon as you can after an event.</p> <p>Record all relevant information including what you saw, what you heard, and why you acted as you did. Be factual.</p> <p>Sign and date your records and make sure they are kept in a safe place.</p> <p>Record any physical signs or injuries using a body map or hand drawing if necessary, make sure you sign and date it.</p> <p>Write down what is said to you, who said it including their relationship to the person or role and how they can be contacted, if appropriate. Include any questions you have asked, make sure you sign and date it.</p> <p>Include any details about what the person wants to be done at this stage.</p> <p>Sign and date all your records and make sure you keep them in a safe place.</p>
<p><b>Inform the agency responsible</b></p>	<p>Tell the person responsible for the person's care e.g. the manager of the service or most senior person available what your concerns are and where possible work with them to address the issues you are raising.</p>

<p><b>Report your concerns</b></p>	<p>Report all serious crimes to the police:</p> <ul style="list-style-type: none"> <li>• <b>999</b> for an emergency (e.g. rape, serious physical or sexual assault, robbery).</li> <li>• The non-emergency number <b>101</b> to report a crime where a safeguarding issue is not alleged/suspected (e.g. property has been stolen by another adult or the adult has been assaulted by a neighbour when out shopping).</li> </ul> <p>Follow this guidance and report any safeguarding concerns to the Social and Health Care Team using the online safeguarding concern form or by telephone on 0845 050 7666.</p> <p>On reporting your concerns you should be able to provide:</p> <ul style="list-style-type: none"> <li>• Your name and contact details</li> <li>• Details of the person concerned</li> <li>• Details of any others who may be affected</li> <li>• Your view of the person's ability to make decisions about their situation/circumstances (mental capacity)</li> <li>• The person's views and wishes about their situation/circumstances (what they want to happen), or</li> <li>• Whether there is another person who is able to represent the person</li> <li>• Details of the incident/concern</li> <li>• Details of the alleged perpetrator</li> </ul>
<p><b>Be prepared to provide further information and contribute to an enquiry</b></p>	

## **6. When to raise your concerns under the Safeguarding Adults procedures**

For further guidance about raising your concerns under the Safeguarding Adults procedures please refer to the **Oxfordshire Safeguarding Adults Board Threshold of Needs Matrix**.

## **7. Whistle-blowing**

Where concerns are held about malpractice or misconduct in a workplace or by employees of an organisation/agency, those concerns should in most circumstances be raised with the organisation/agency involved. This provides workers with the greatest degree of protection and the employer with a chance to address the concerns.

However, there may be some circumstances where the person feels at risk of being victimised, dismissed by their employer or has good reason to believe that the employer will not take the appropriate action, i.e. having already raised concerns with the employer and received an unsatisfactory response. The

provisions of the Public Interest Disclosure Act 1998 may protect a person for raising concerns outside the workplace providing:

- The disclosure is made in good faith;
- The disclosure is substantially true;
- The disclosure is not made for personal gain;
- There is good reason to believe that they would be victimised, that a cover-up would occur or that the matter has already been raised.

### **Whistle-blowing do's and don'ts**

<b>Do</b>	<b>Don't</b>
<ul style="list-style-type: none"> <li>• Keep calm</li> <li>• Think about the risks and outcomes before you act</li> <li>• Remember you are a witness, not a complainant</li> <li>• Phone "Public Concern at Work*" (PCaW) for advice: 020 7404 6609</li> </ul>	<ul style="list-style-type: none"> <li>• Forget there may be an innocent or good explanation</li> <li>• Become a private detective</li> <li>• Use a whistle-blowing procedure to pursue a personal grievance</li> <li>• Expect thanks</li> </ul>

**\* *Public Concern at Work (PCaW) is a charitable organisation providing legal advice and assistance to workers on how they can legitimately blow the whistle on such things as fraud, negligence, abuse in care and threats to public safety. The telephone number given is a confidential helpline.***

### **8. Timescales**

- All records should be made as soon as possible after an event and stored in a safe place.
- All concerns relating to a serious criminal offence e.g. rape and/or sexual assault must be reported to the police immediately.
- All cases in which there is reason to believe that a person is at immediate risk of being a victim of a serious criminal offence or serious harm must be reported immediately.
- All safeguarding concerns arising as a result of a disclosure or allegation must be reported within 1 working day.
- Concerns arising as a result of the accumulation of indicators/signs of abuse should be discussed with your safeguarding lead and action agreed within 5 working days.

## 9. What is adult abuse? Signs and symptoms

This table provides some examples of the signs and possible indicators of abuse. It is a list of possible examples and does not include all the possible signs and indicators. There may be others that are causing you concern, or you may not be able to put your finger on what is worrying you. Remember if you are worried report your concerns.

The presence of one of the following does not prove that abuse is occurring or has occurred but may suggest that the situation needs to be looked into.

Type of abuse	Signs & Indicators
<b>Physical abuse</b>	
<ul style="list-style-type: none"> <li>● <b>Hitting, slapping, scratching</b></li> <li>● <b>Pushing or rough handling</b></li> <li>● <b>Assault and battery</b></li> <li>● <b>Restraining without justifiable reason</b></li> <li>● <b>Misuse of medication</b></li> <li>● <b>Inappropriate sanctions including deprivation of food, clothing, warmth and health care needs</b></li> </ul>	<ul style="list-style-type: none"> <li>● A history of unexplained falls or minor injuries especially at different stages of healing.</li> <li>● Unexplained bruising in well-protected areas of body, e.g. on the inside of thighs or upper arms etc.</li> <li>● Unexplained bruising or injuries of any sort.</li> <li>● Burn marks of unusual type, e.g. burns caused by cigarettes and rope burns or where the adult appears to have been “dipped” (i.e. into scalding water) etc.</li> <li>● A history of frequent changes of general practitioners or reluctance in the family, carer or friend towards a general practitioner consultation.</li> <li>● There may be a pattern to the bruising, e.g. after a weekend.</li> <li>● A history of numerous unexplained falls or minor injuries.</li> <li>● Prolonged interval between an injury or illness and presentation for medical care and attention.</li> <li>● Evidence of improper use of medication e.g. excessive or repeat prescriptions, under-use of medication.</li> <li>● Inappropriate use of GP e.g. frequent and unjustifiable calls on the GP. A history of frequent changes of GP or “agency hopping” or episodes, the accounts of which vary with the time or are inconsistent with the physical injury. A reluctance to seek medical attention, or help from other agencies.</li> </ul>
<b>Sexual abuse</b>	
<ul style="list-style-type: none"> <li>● <b>Rape, attempted rape or sexual assault</b></li> <li>● <b>Inappropriate touch anywhere</b></li> <li>● <b>Non-consensual masturbation of</b></li> </ul>	<ul style="list-style-type: none"> <li>● Disclosure by means of odd hints and veiled comments.</li> <li>● Unexplained changes in the demeanour and behaviour of the vulnerable adult.</li> </ul>

<p>either or both persons</p> <ul style="list-style-type: none"> <li>• <b>Non-consensual sexual penetration or attempted penetration of the vagina, anus or mouth</b></li> <li>• <b>Any sexual activity that the person lacks the capacity to consent to</b></li> <li>• <b>Inappropriate looking, sexual teasing or innuendo or sexual harassment</b></li> <li>• <b>Sexual photography or forced use of pornography or witnessing of sexual acts</b></li> <li>• <b>Indecent exposure</b></li> </ul>	<ul style="list-style-type: none"> <li>• Tendency to withdraw and spend time in isolation.</li> <li>• Expression of explicit sexual behaviour and/or language by the vulnerable adult which is out of character.</li> <li>• Irregular and disturbed sleep pattern.</li> <li>• Bruising or bleeding in the rectal or genital areas.</li> <li>• Torn or stained underclothing especially with blood or semen.</li> <li>• Sexually transmitted disease or pregnancy where the individual cannot give consent to sexual acts.</li> <li>• Fear of pregnancy that may be exaggerated.</li> <li>• Self-mutilation, particularly but not exclusively, in the genital area.</li> <li>• Difficulty in walking and/or sitting with no apparent explanation.</li> <li>• Torn, stained or bloody underclothes.</li> <li>• Bleeding, bruising or torn tissue in the rectal and vaginal area.</li> </ul>
<b>Psychological abuse</b>	
<ul style="list-style-type: none"> <li>• <b>Emotional abuse</b></li> <li>• <b>Verbal abuse</b></li> <li>• <b>Humiliation and ridicule</b></li> <li>• <b>Threats of punishment, abandonment, intimidation or exclusion from services</b></li> <li>• <b>Isolation or withdrawal from services or supportive networks</b></li> <li>• <b>Deliberate denial of religious or cultural needs</b></li> <li>• <b>Failure to provide access to appropriate social skills and educational development training</b></li> </ul>	<ul style="list-style-type: none"> <li>• Inability of the person to sleep or tendency to spend long periods in bed.</li> <li>• Loss of appetite or overeating at inappropriate times.</li> <li>• Anxiety, confusion or general resignation.</li> <li>• Tendency towards social withdrawal and isolation.</li> <li>• Fearfulness and signs of loss of self-esteem.</li> <li>• Uncharacteristic manipulative, uncooperative and aggressive behaviour.</li> <li>• The person becomes withdrawn, anxious or depressed.</li> <li>• Problems sleeping and/or nightmares.</li> <li>• Eating disorders/changes in eating habits.</li> <li>• The person self-harms or expresses thoughts about self-harm or suicide.</li> </ul>
<b>Financial abuse</b>	
<ul style="list-style-type: none"> <li>• <b>Misuse or theft of money</b></li> <li>• <b>Fraud and extortion of material assets</b></li> <li>• <b>Misuse or misappropriation of property, possessions or benefits</b></li> <li>• <b>Exploitation or pressure in connection with wills, property or inheritance</b></li> </ul>	<ul style="list-style-type: none"> <li>• Unexplained inability to pay for household shopping or bills etc.</li> <li>• Withdrawal of large sums of money which cannot be explained.</li> <li>• Missing personal possessions.</li> <li>• Disparity between the person's living conditions and their financial resources.</li> <li>• Unusual and extraordinary interest and involvement in the vulnerable adult's assets.</li> </ul>
<b>Neglect and acts of omission</b>	
<ul style="list-style-type: none"> <li>• <b>Ignoring medical or physical care needs</b></li> <li>• <b>Failure to give prescribed medication</b></li> </ul>	<ul style="list-style-type: none"> <li>• Inadequate heating, lighting, food or fluids.</li> <li>• Failure by carer to give prescribed medication or obtain appropriate medical care.</li> </ul>

<ul style="list-style-type: none"> <li>● Failure to provide access to appropriate health, social care or educational services</li> <li>● Neglect of accommodation, heating, lighting etc.</li> <li>● Failure to access care or equipment for functional independence</li> <li>● Failure to give privacy and dignity</li> <li>● Professional neglect</li> </ul>	<ul style="list-style-type: none"> <li>● Carer's reluctant to accept contact from health or social care professionals.</li> <li>● Refusal to arrange access for visitors.</li> <li>● Poor physical condition in the vulnerable person e.g. ulcers, bed sores.</li> <li>● Apparently unexplained weight loss.</li> <li>● Unkempt clothing and appearance.</li> <li>● Inappropriate or inadequate clothing or nightclothes worn during the day.</li> <li>● Sensory deprivation - lack of access to glasses, hearing aids etc.</li> <li>● Absence of appropriate privacy and dignity.</li> <li>● Absence of method of calling for assistance.</li> <li>● Malnutrition, ulcers, bed sores and being left in wet clothing.</li> </ul>
<b>Discriminatory abuse</b>	
<ul style="list-style-type: none"> <li>● Discrimination demonstrated on any grounds including sex, race, colour, language, culture, religion, politics or sexual orientation</li> <li>● Discrimination that is based on a person's disability or age</li> <li>● Harassment and slurs which are degrading</li> <li>● Hate crime</li> </ul>	<ul style="list-style-type: none"> <li>● Tendency to withdrawal and isolation.</li> <li>● Fearfulness and anxiety.</li> <li>● Being refused access to services or being excluded inappropriately.</li> <li>● Loss of self-esteem.</li> <li>● Resistance or refusal to access services that are required to meet need.</li> <li>● Expressions of anger or frustration.</li> </ul>
<b>Self-neglect</b>	
<ul style="list-style-type: none"> <li>● Lack of self-care to an extent that it threatens personal health and safety</li> <li>● Neglecting to care for one's personal hygiene, health or surroundings</li> <li>● Inability to avoid self-harm</li> <li>● Failure to seek help or access services to meet health and social care needs</li> <li>● Inability or unwillingness to manage one's personal affairs</li> </ul>	<ul style="list-style-type: none"> <li>● Very poor personal hygiene.</li> <li>● Unkempt appearance.</li> <li>● Lack of essential food, clothing or shelter.</li> <li>● Malnutrition and/ or dehydration.</li> <li>● Living in squalid or unsanitary conditions.</li> <li>● Neglecting household maintenance.</li> <li>● Hoarding.</li> <li>● Collecting a large number of animals in inappropriate conditions.</li> <li>● Non-compliance with health or care services.</li> <li>● Inability or unwillingness to take medication or treat illness or injury.</li> </ul>
<b>Organisational abuse</b>	
<ul style="list-style-type: none"> <li>● Discouraging visits or the involvement of relatives or friends</li> <li>● Run-down or overcrowded establishment</li> <li>● Authoritarian management or rigid regimes</li> <li>● Lack of leadership and supervision</li> <li>● Insufficient staff or high turnover resulting in poor quality care</li> <li>● Abusive and disrespectful attitudes towards people using the service</li> <li>● Inappropriate use of restraints</li> <li>● Lack of respect for dignity and</li> </ul>	<ul style="list-style-type: none"> <li>● Lack of flexibility and choice for people using the service.</li> <li>● Inadequate staffing levels.</li> <li>● People being hungry or dehydrated.</li> <li>● Poor standards of care.</li> <li>● Lack of personal clothing and possessions and communal use of personal items.</li> <li>● Lack of adequate procedures.</li> <li>● Poor record-keeping and missing documents.</li> <li>● Absence of visitors.</li> <li>● Few social, recreational and educational activities.</li> <li>● Public discussion of personal matters.</li> </ul>

<ul style="list-style-type: none"> <li>● <b>privacy</b></li> <li>● <b>Failure to manage residents with abusive behaviour</b></li> <li>● <b>Not providing adequate food and drink, or assistance with eating</b></li> <li>● <b>Not offering choice or promoting independence</b></li> <li>● <b>Misuse of medication</b></li> <li>● <b>Failure to provide care with dentures, spectacles or hearing aids</b></li> <li>● <b>Not taking account of individuals' cultural, religious or ethnic needs</b></li> <li>● <b>Failure to respond to abuse appropriately</b></li> <li>● <b>Interference with personal correspondence or communication</b></li> <li>● <b>Failure to respond to complaints</b></li> </ul>	<ul style="list-style-type: none"> <li>● Unnecessary exposure during bathing or using the toilet.</li> <li>● Absence of individual care plans.</li> <li>● Lack of management overview and support.</li> </ul>
<b>Modern slavery</b>	
<ul style="list-style-type: none"> <li>● <b>Forced labour/debt bondage</b> Victims are forced to work to pay off debts that realistically they never will be able to. Low wages and increased debts mean not only that they cannot ever hope to pay off the loan.</li> <li>● <b>Forced labour</b> Victims are forced to work against their will, often working very long hours for little or no pay in dire conditions under verbal or physical threats of violence to them or their families.</li> <li>● <b>Sexual exploitation</b> Victims are forced to perform non-consensual or abusive sexual acts against their will, such as prostitution, escort work and pornography. Whilst women and children make up the majority of victims, men can also be affected. Adults are coerced often under the threat of force, or another penalty.</li> <li>● <b>Criminal exploitation</b> Often controlled and maltreated, victims are forced into crimes such as shop lifting, cannabis cultivation or pick pocketing against their will.</li> <li>● <b>Domestic servitude</b> Victims are forced to carry out housework and domestic chores in private households with little or no pay, restricted movement, very limited or no free time and minimal privacy often sleeping where they work.</li> </ul>	<ul style="list-style-type: none"> <li>● Victims may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn.</li> <li>● Victims may rarely be allowed to travel on their own, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work.</li> <li>● Victims may be living in dirty, cramped or overcrowded accommodation, and/ or living and working at the same address.</li> <li>● Victims may have a history of crime e.g. shop lifting.</li> <li>● Victims may have no identification documents, have few personal possessions and always wear the same clothes day in day out. What clothes they do wear may not be suitable for their work.</li> <li>● Victims have little opportunity to move freely and may have had their travel documents retained, e.g. passports.</li> <li>● Victims have little opportunity to move freely and may have had their travel documents retained, e.g. passports.</li> <li>● They may be dropped off/ collected for work on a regular basis either very early or late at night.</li> <li>● Victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family.</li> </ul>

## Other risk indicators/signs and possible contributory factors

<p><b>Characteristics of the Person</b></p> <p><b>Whilst not indicative of abuse or neglect these factors may add to the risk of abuse occurring.</b></p>	<ul style="list-style-type: none"> <li>• The person is socially isolated or dependant on one person or a very small number of people to support them.</li> <li>• Where the person exhibits odd, embarrassing or inappropriate behaviour.</li> <li>• Where the person has experienced the sudden onset of an impairment resulting in a significant change or reversal of roles.</li> <li>• Where the person has experienced the sudden onset of an impairment resulting in feelings of loss and bereavement of the carer/s.</li> <li>• Where the person has suffered a major personality change which affects their behaviour and relationships.</li> <li>• When the person is aggressive or is seen as uncooperative and resistant to care or appears ungrateful for the care given.</li> <li>• Where the person has severe memory impairment.</li> <li>• A history of alcohol or drug abuse by the person.</li> <li>• Where the person has a significant communication problem which can lead to high levels of frustration and intolerance.</li> <li>• The person is perceived as unwilling to look after themselves.</li> <li>• The person is perceived as demanding.</li> </ul>
<p><b>Characteristics of the alleged perpetrator</b></p> <p><b>Whilst not indicative of abuse or neglect these factors may add to the risk of abuse occurring.</b></p>	<ul style="list-style-type: none"> <li>• A history of alcohol or drug abuse/misuse.</li> <li>• A history of violence or turbulence within the relationship.</li> <li>• A history of abuse within the relationship.</li> <li>• The lack of a meaningful relationship between the vulnerable adult and their 'carer(s)'.</li> <li>• A lack of empathy between the vulnerable adult and their 'carer(s)'.</li> <li>• A lack of value or respect given to the vulnerable adult/s.</li> </ul>
<p><b>Carer stress</b></p> <p><b>Whilst not indicative of abuse or neglect these factors may add to the risk of abuse occurring.</b></p> <p><b>Where these occur every effort should be made to alleviate or address these risk factors before a safeguarding enquiry is considered.</b></p>	<ul style="list-style-type: none"> <li>• The ability of the person to perform the range of caring tasks required e.g. as a result of lack of appropriate training, guidance or changes in the person's health.</li> <li>• Poor communication within the care environment.</li> <li>• Where the person has to continue to manage other demands on them as well as taking on caring responsibilities e.g. work and family responsibilities.</li> <li>• Isolation from other forms of support both practical and emotional.</li> <li>• The carer is not able to see friends, attend social activities or other appointments and thus lacks support and some distraction and relief from caring.</li> <li>• Requests for help by the person/s have not been acknowledged.</li> <li>• Where carers have no personal or private space or the family is under stress due to poor income or cramped or inadequate housing conditions.</li> <li>• Poor housing conditions and/or increased financial pressures.</li> </ul>



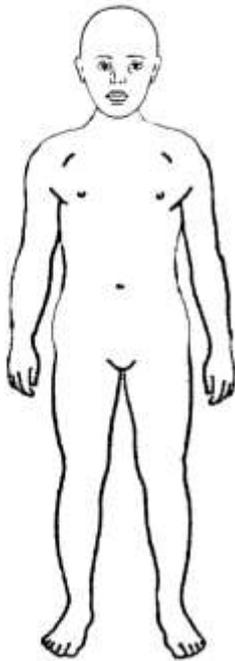
## BODY MAP

Name of Person \_\_\_\_\_

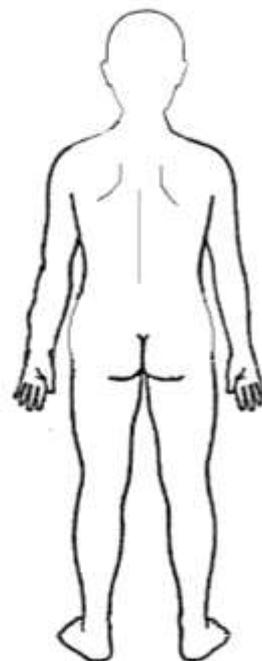
Name of person completing this form \_\_\_\_\_

These diagrams are designed for the recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts, or other injuries occur, shade and label them clearly on the diagram. Label any internal injuries that have been identified through medical examination. Visible injuries apparent in soft-tissue parts of the body, including the neck, under-arms, stomach, genitals or inner thighs, are unlikely to manifest as a result of a fall or other accidents of this nature.

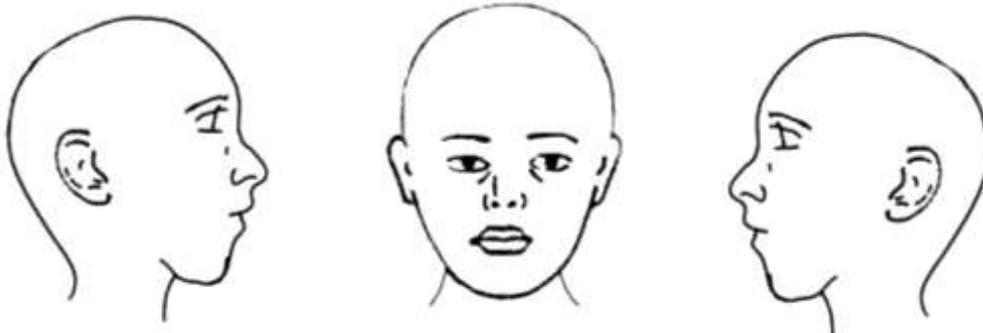
**Front**



**Back**



**Face**



**Date and time:** \_\_\_\_\_

**Signature:** \_\_\_\_\_