Recognition and indicators of adult abuse

In many cases multi-disciplinary assessments can help to identify physical, mental or behavioural indicators that suggest physical or mental illness, or some other issue, rather than mistreatment or abuse. This type of assessment can also indicate that abuse and/or criminal offences are taking place, and that the police should be informed.

Some adults at risk may reveal abuse themselves by talking about or drawing attention to physical signs, or – where verbal communication is limited or absent – displaying certain actions or gestures. Practitioners and carers need to be aware of these signs and understand what they may mean. The lists of possible indicators and examples of behaviour are not exhaustive.

See SCIE’s Safeguarding adults at risk of harm: A legal guide for practitioners (13) for case studies of different types of abuse and the legal considerations surrounding them.

Physical abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk’s situation.

Possible indicators

- Injuries are inconsistent with the account of how they happened
- No explanation of how injuries happened
- Injuries are inconsistent with the lifestyle of the adult at risk
- Multiple bruising and/or welts on the face, lips, mouth, torso, arms, back, buttocks and thighs
- Cluster(s) of injuries
- Marks on the body including slap marks and finger marks
- A history of unexplained falls/minor injuries
- Injuries at different stages of healing
- Burns (especially if they are inconsistent with the lifestyle of the adult at risk – e.g. being a smoker)
- Immersion burns or rope burns on arms, legs or torso
- Induced injuries or physical symptoms that are falsely claimed or exaggerated on behalf of the adult at risk by a paid or unpaid carer to attract treatment or services
- Misuse of medication (e.g. excessive repeat prescriptions)
- Unexplained loss of hair in clumps
- Cuts that are not likely to be a result of self-injury
• Subdued behaviour in the presence of a carer
• Being left in wet clothing or bedding
• Malnutrition when the adult at risk is not living alone
• Seeking medical treatment too late or not at all
• Frequent changes of GP, or a reluctance on the part of carers to assist someone to the GP

Examples of behaviour
• Hitting
• Slapping
• Punching
• Hair-pulling
• Bit ing
• Pushing
• Kicking
• Scalding and burning
• Opening windows or removing blankets
• Physical punishments
• Inappropriate or unlawful use of restraint
• Involuntary isolation or confinement
• Misuse of medication (e.g. over-sedation)
• Forcible feeding
• Rough handling

Sexual abuse
Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk’s situation.

Possible indicators – Physical
• Bruising or bleeding, pain or itching in the genital area
• Foreign bodies in genital or rectal openings
• Infections or discharges in the above areas, or sexually transmitted diseases (STDs)
• Pregnancy in a woman who is at risk or is unable to consent to sexual intercourse
• The uncharacteristic use of explicit sexual language
• Unusual difficulty in walking or sitting
Protecting adults at risk: Good practice resource

- Torn, stained or bloody underclothing
- Bruising to the thighs, buttocks and upper arms
- Wetting or soiling
- Love bites
- Self-inflicted injuries

Possible indicators – Behavioural

- Significant changes in sexual behaviour or attitude
- Overt sexual behaviour/attitude
- Poor concentration
- Withdrawal
- Sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of staff or other carers offering help with dressing, bathing, etc.
- Reluctance of the adult at risk to be alone with an individual known to them
- Self-harming

Examples of behaviour – Non-contact abuse

- Inappropriate looking
- Sexual photography
- Indecent exposure
- Sexual teasing or innuendo
- Pornography/being forced to watch pornographic films or images
- Enforced witnessing of sexual acts or sexual media
- Harassment

Examples of behaviour – Contact abuse

- Rape or attempted rape
- Any sexual assault
- Inappropriate touch anywhere
- Masturbation of either or both persons
- Penetration or attempted penetration of the vagina, anus or mouth, with or by penis, fingers or other objects
- Sexual activity that the person lacks the capacity to consent to

Psychological or emotional abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make
further assessments and to consider other factors associated with the adult at risk’s situation.

**Possible indicators**

- An air of silence in the home or service when the person alleged to have caused the harm is present
- Alteration in the psychological state of the adult at risk (e.g. withdrawal or fear)
- Insomnia
- Low self-esteem
- Excessive ambivalence, confusion, resignation or agitation
- Uncharacteristically manipulative, uncooperative and aggressive behaviour
- A change of appetite
- Weight loss/gain
- Tearfulness
- Unexplained paranoia

**Examples of behaviour**

- The prevention – without good reason – of an adult at risk from using or gaining access to services, including educational and social opportunities in the wider community
- Denial of access to friends
- Denial of religious and cultural needs
- A general lack of consideration for the needs of the adult at risk
- The adult at risk not being allowed to express an opinion
- The adult at risk being denied privacy in relation to care, feelings and other aspects of life
- Denial of access to the adult at risk, especially when the person is in need of assistance
- Denial of freedom of movement (e.g. locking the person in a room, tying them to a chair or leaving them for excessive amounts of time on a commode)
- Failure to respond to calls for assistance with toileting
- Lack of stimulation, meaningful occupation or activities
- Use of threats, humiliation, bullying, swearing and other abuse
- Intimidation and/or harassment
- Lack of positive reinforcement
- Belittling and undermining the adult at risk
Protecting adults at risk: Good practice resource

- Using patronising and/or infantilising ways of addressing the adult at risk
- A lack of appropriate communication methods
- No choice about care and support or activities of daily living
- The adult at risk not having their individual abilities and skills recognised, and being prevented from being as independent as they are able to be
- The adult at risk not being provided with information about how to raise concerns

Financial or material abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk’s situation.

Possible indicators

- Unexplained lack of money or inability to maintain lifestyle
- Missing personal possessions
- Unexplained withdrawal of funds from accounts, by any party
- Power of attorney or lasting power of attorney (LPA) being obtained after the adult at risk has ceased to have mental capacity
- Failure to register an LPA after the adult at risk has ceased to have mental capacity so that it appears that the adult at risk is continuing to manage their financial affairs
- The person managing the financial affairs of the adult at risk being evasive or uncooperative
- The family or others showing unusual interest in the assets of the adult at risk
- Signs of financial hardship in cases where the adult at risk’s financial affairs are being managed by a court appointed deputy, attorney or LPA
- Money being withheld
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the adult at risk
- Disparity between the adult at risk’s living conditions and their financial resources

Examples of behaviour

- Stealing money or possessions
- Use of fraud to take money or possessions
Protecting adults at risk: Good practice resource

- Preventing access by the adult at risk to money, property or inheritance
- Loans between the adult at risk and a member of staff
- Loans made by anyone under duress, threat or undue influence
- Loans dishonestly extracted
- The family of the adult at risk providing a lower standard of care than is needed or wanted, in order to maintain assets to maximise an inheritance
- The adult at risk not receiving appropriate assistance to manage/monitor their financial affairs
- Undue pressure put on the adult in care in connection with wills, property, inheritance or financial transactions
- The adult at risk not being given appropriate assistance to access benefits
- Misuse of personal allowance by the person managing the finances of the adult at risk who is in a care home or service
- People moving into the adult at risk’s home and living rent free without any clearly set out financial arrangements
- Neglecting to act in the best financial interests of the adult at risk
- False representation (e.g. using another person's bank account, cards or documents, or impersonating them)
- Abuse of position (e.g. exploitation of a person’s money or assets)
- Misuse of a power of attorney, deputy, appointeeship or other legal authority

Neglect and acts of omission

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk’s situation.

Possible indicators

- Poor physical environment
- Poor physical condition of the adult at risk (e.g. pressure sores or ulcers)
- Malnutrition or apparently unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Failure to engage in social interaction
- Failure to ensure appropriate privacy and dignity
Protecting adults at risk: Good practice resource

- Poor personal hygiene
- Clothing is ill fitting, unclean and in poor condition
- Inappropriate or inadequate clothing, or nightclothes worn during the day

Examples of behaviour

- Failure to provide food, shelter, clothing or heating
- Failure to provide or allow access to medical care when needed
- Failure to provide reasonable personal care
- Inappropriate use of medication or over-medication
- Refusal of access to callers/visitors
- Denial of religious and cultural needs
- Denial of educational, social and recreational needs
- Ignoring/secluding/isolating the adult at risk
- Lack of stimulation and activity
- Lack of emotional warmth
- Lack of choice on appearance and activities of daily living
- Sensory deprivation – lack of access to glasses, hearing aids, etc.
- Failure to provide care in a personalised way and involve the adult at risk in decisions

Discriminatory abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk’s situation.

Possible indicators

- Signs that the adult at risk is being offered a substandard service
- Repeated exclusion from basic rights such as health, education, employment, criminal justice and civic status
- Tendency of the adult at risk to be withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety by the adult at risk
- The support on offer does not take account of the adult at risk’s individual needs in terms of race, age, sex, disability, marital status, sexual orientation, religion or belief, gender reassignment or pregnancy/maternity status (known as the ‘protected characteristics’ under the Equality Act 2010)

Examples of behaviour

- Lack of respect shown to the adult at risk
Protecting adults at risk: Good practice resource

- Unequal treatment of the adult at risk based on their protected characteristics
- Verbal abuse
- Inappropriate use of language
- Denial of the adult at risk’s communication needs (e.g. not allowing access to an interpreter, signer or lip-reader)
- Derogatory remarks about, for example, the adult at risk’s age, disability, race or sexuality
- Harassment on the grounds of disability or other characteristics
- Deliberate exclusion based on the adult at risk’s protected characteristics

Institutional abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk’s situation.

Possible indicators

- Lack of flexibility and choice for adults using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Pervasive inappropriate care and poor standards of care
- Residents abusive to staff and other residents
- Residents sexually or racially harassing staff or other residents
- Lack of personal clothing and possessions, including the use of communal toiletries
- Lack of adequate procedures for the management of finances
- Lack of adequate procedures for the management of medication
- Failure to ensure privacy and personal dignity
- Lack of respect shown to adults using the service (e.g. use of derogatory language and remarks)
- Poor record-keeping and missing documents
- An ongoing absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Absence of individual care plans
- Lack of management overview and support
Examples of behaviour

- Discouragement of visits to – or the involvement of – relatives or friends in the life of the adult at risk
- Run-down or overcrowded establishment
- Authoritarian or rigid management
- Lack of leadership and/or supervision
- Disharmony and/or very high turnover of staff
- Pervasive, abusive and disrespectful attitudes among staff
- Inappropriate use of restraints by staff
- Poor practice in the provision of intimate care
- Not providing adequate food and drink, or placing it out of reach
- Not offering choice over meals and bed-times
- Misuse of medication on an ongoing basis
- Loss of or failure to provide dentures; failure to ensure that the person’s dentures are cleaned and reserved for their use
- Sensory deprivation (e.g. denial of use of spectacles or hearing aids)
- Staff not taking account of individuals’ cultural, religious or ethnic needs
- Failure to take action when there have been incidents of racial harassment or other forms of abuse by staff or other service users
- Unwelcoming of people from outside the service making contact
- Interference with mail and/or online communication
- Failure to respond to complaints by adults using the service or their friends and relatives