

Learning Guide

Vulnerability and abuse



28521 Recognise and describe responses to vulnerability and abuse in a health or wellbeing setting

Level 3

5 credits

Name:

Workplace:

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Contents

| | |
|--|----|
| Introduction | 5 |
| Vulnerability..... | 6 |
| Factors that contribute to vulnerability | 6 |
| Types of vulnerability | 7 |
| Abuse | 9 |
| What is abuse?..... | 9 |
| Who abuses?..... | 10 |
| Indicators of abuse | 10 |
| Power relationships | 11 |
| Types of abuse | 12 |
| Physical abuse..... | 13 |
| Sexual abuse | 16 |
| Emotional abuse | 19 |
| Financial abuse | 23 |
| Neglect..... | 26 |
| What is neglect? | 26 |
| Indicators of neglect | 27 |
| Long-term effects of abuse..... | 30 |
| Responding to vulnerability and abuse | 31 |
| Communicating with the person | 31 |
| Responding | 32 |
| Reporting vulnerability or abuse | 33 |
| Respecting the person’s rights | 33 |

Introduction

This learning guide is about how to recognise the signs of vulnerability and abuse, and how to respond appropriately.

How to use your learning guide

This guide supports your learning and prepares you for the unit standard assessment. The activities and scenarios should be used as a general guide for learning.

This guide relates to the following unit standard:

28521 Recognise and describe responses to vulnerability and abuse in a health or wellbeing setting (level 3, 5 credits).

This guide is yours to keep. Make it your own by writing notes that help you remember things, or where you need to find more information.

Follow the tips in the notes column.

You may use highlight pens to show important information and ideas, and think about how this information applies to your work.

You might find it helpful to talk to colleagues or your supervisor.

Finish this learning guide before you start on the assessment.

What you will learn

This topic will help you to:

- recognise and respond to signs of vulnerability in a health or wellbeing setting.
- recognise and respond to indicators of abuse in a health or wellbeing setting.

Vulnerability

A vulnerable population is considered to be an individual or group that are at higher risk of health care related issues. Those individuals using health and wellbeing services may have health conditions, disabilities, socioeconomic situations, or living environments that make them more susceptible to abuse and that potentially lower their ability to protect themselves from harm.

Individuals that are supported through health and wellbeing services tend to be more reliant on other people for support which, in turn, can make a person more vulnerable to abuse.

Factors that contribute to vulnerability

The following factors may contribute to an individual's vulnerability to abuse.

- **Age.** Through the lifespan there are various requirements or needs that should be met for optimal care. The natural progression of age may lead to a variety of personal requirements. Elderly or very young people tend to be more vulnerable to abuse.
- **Frailty.** Frailty can come from a number of conditions, for example, age, neglect, mental or physical conditions. These generally mean that an individual is physically weak and may rely on others for support.
- **Isolation.** Isolation generally refers to an individual's social disconnectedness. This may include an individual that lives on their own or at a significant distance from social contact. Having infrequent social interaction could make a person more vulnerable to abuse as the warning signs could go undetected.
- **Cognitive impairment.** Those individuals who have problems remembering, learning new things, concentrating, or making decisions that affect their everyday life are vulnerable to abuse as they may be unable recognise abuse and protect themselves from harm.
- **Lack of natural supports.** Natural supports are those people around us that make up our social network. Those that are supported through health and wellbeing services, who don't have close relationships with family members, friends, co-workers, neighbours and other relations, could potentially be more vulnerable to abuse.
- **Physical impairment.** Those individuals who have reduced physical function or ability to move on their own could be more vulnerable to abuse.

- **Mental health.** People who have a condition that affects their ability to function at a satisfactory emotional and behaviour level are vulnerable to abuse. For example, individuals that have been diagnosed with a mental illness, mental disability, or mental conditions, such as dementia, may not have the ability to make good decisions, or know right from wrong and are therefore more vulnerable to abuse.
- **Other impairments.** People who have reduced strength, energy or alertness are vulnerable to abuse. These impairments can be caused by a range of things such as medical conditions, drugs use, allergies, accidents, or may be unknown.

Types of vulnerability

Types of vulnerability are directed related to their connection to the potential of harm or abuse. The following are types of vulnerability:

- **Physical.** The reliance on physical support increases risk of abuse or neglect within the health care setting. This can make in individual feel particularly vulnerable to physical, sexual or psychological abuse or neglect. It could also mean that a person who is in physical need of assistance may mistakenly seek support from someone that they cannot trust.
- **Emotional.** An individual who is socially or emotionally isolated may feel lonely or powerless. It is for this reason that they may seek closer relationships or choose inappropriate relationships. An abuser may be in a position of authority or control and may create an emotional dependence or threat of withdrawal of emotional support.
- **Financial.** The lack of control over personal finances or having to be dependent upon financial supports, such as institutions or family, can increase an individual's financial vulnerability. An individual dealing with medical conditions, such as memory loss, or being overly trusting or naïve about money matters can also make a person more financially vulnerable.

In your role, it is your duty to ensure that you implement the Code of Rights into the support you provide.

By following the Code of Rights and your organisation's policies and procedures, the vulnerability levels of people using health and wellbeing services will be reduced.



Having to rely on other people for support can make a person vulnerable to abuse.

An example of vulnerability

The situation

A person has a physical disability and communication impairment as the result of suffering a stroke.

| How does this situation make the person vulnerable? | Possible consequence | What could be done to ensure the safety of the person? |
|--|---|---|
| The person may not be able to express wants and needs when or how they wish. | The person may not be supported in a way that means they feel comfortable, safe or valued. | Time can be taken to ensure that the person is able to communicate personal needs, wants or preferences. |
| The person may be isolated, having limited contact with other people. For example, they may only see the people who care for them. | If there are only a few people who have contact with the person, it could be easier for that person to be abused, because no one else may be present to see signs of abuse. | Regular contact with family/whānau (natural supports). Review the organisation policies and procedures on checks to ensure the safety of the person. |
| The person may not be given sufficient time to achieve certain tasks. | The person has everything done for them so they have little control over situations. | The person is made to feel valued and is allowed to do as much as possible for themselves. |

Abuse

Any individual receiving health and wellbeing services has the right to privacy, dignity and autonomy. These individuals also have the right to live in safety. Abuse or neglect can occur in any setting, for example, home, hospital, care centre, or public place and can be inflicted by anyone, such as a family member, neighbour, or health care professional. Although the abuser may be unknown to the victim it is more likely that the person is known.

Abuse is unlawful and wrong. It is important to understand why abuse occurs, what abuse looks like and the effect that abuse has on people, so that we can ensure the safety and wellbeing of people in our care.

What is abuse?

Abuse is an action (single or repeated), or failure to act, that causes unreasonable suffering, harm or distress within any relationship where there is an expectation of trust. Abuse means to treat people in a dishonest, cruel or violent manner.

Abuse:

- can be described as anything that is harmful, causes injury or is offensive to someone.
- includes any neglectful, violent or controlling act or behaviour that may be economic, emotional, physical, social, verbal, spiritual and/or sexual in nature.
- can range from using a piece of equipment incorrectly to causing serious physical harm to a person.
- may occur within or outside of a family/whānau context.
- may be direct and obvious or it may be disguised and hidden.
- may occur in relationships between people to gain and/or maintain power and control over another person or people.

Who abuses?

An abuser is generally someone who has a position of responsibility to provide for the care and wellbeing of the person being abused, such as:

- a partner or spouse.
- someone in a position of trust.
- a family member – a mother, father, sibling or other relative.
- someone unrelated.
- a formal or informal caregiver.

Abusers consider themselves to be superior and may use a variety of behaviours to control and/or manipulate another person.

These behaviours may include, but not be limited to:

- expecting obedience and compliance.
- telling a person what to do and keeping track of what they do.
- restricting a person's choices.
- destroying self-esteem with criticism or put-downs, or by deliberately embarrassing or humiliating a person in front of others.
- making people feel like they deserve to be treated in this negative way.
- isolating people by restricting contact or involvement with others.

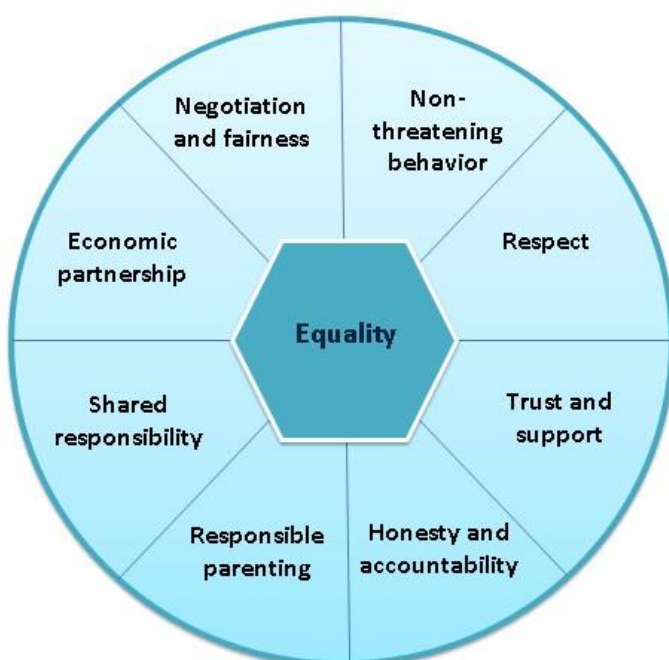
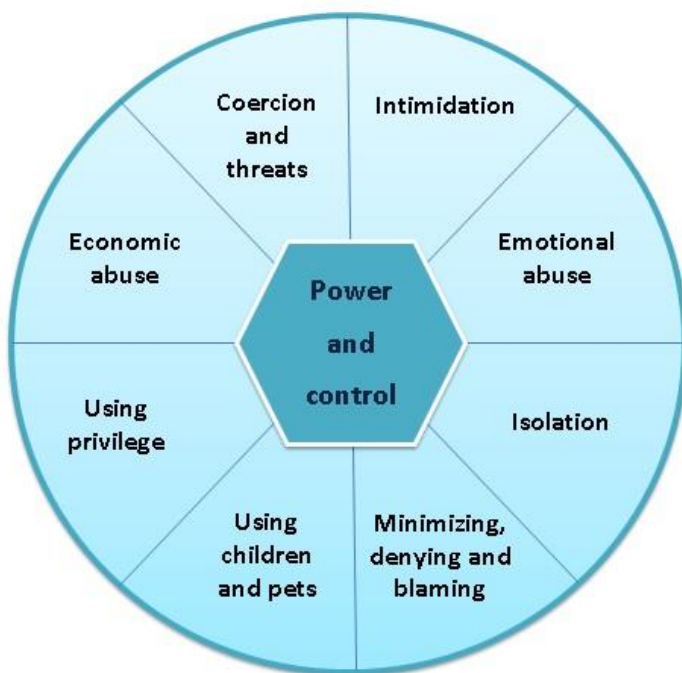
Indicators of abuse

Indicators of abuse are **observable**: behavioural and/or physical. It is important to note that most indicators, for example, a bruise, or someone having trouble sleeping, may also have a cause that is not related to abuse. For this reason, any sign listed is a **potential** indicator of abuse and not necessary directly related.

Power relationships

Abuse is usually not a one-off incident but an ongoing way of maintaining control and power within a relationship. Abusive relationships can only occur when the balance of power is uneven and one person can manipulate the other in some way.

Power relationships can develop between any of the people on the 'who abuses?' list and the vulnerable individual. The abuser plays on the weakness of the victim to gain and maintain control over the victim. The victim becomes vulnerable and feels powerless.



Types of abuse

There are five commonly recognised forms of abuse. These are:

- physical abuse
- sexual abuse
- emotional abuse
- financial abuse
- neglect

In addition, in our sector, we also have to consider:

- Elder or dependent adult abuse, which is legally defined as an individual who is 65 years old or older, or is a dependent adult between 18 and 64. It is any form of physical abandonment, neglect, mistreatment, action or inaction by any individual or institution, which causes harm, threatens harm or jeopardises the health or wellbeing of a dependent or older person. It can take the form of any of the types of abuse listed above.
- Role abuse, which is the abuse of power by an individual or agency with a professional, service or status-based role in relation to another person or people.

Physical abuse

Physical abuse is intended contact of another person with the intent to cause them physical pain, injury or other physical suffering or bodily harm. A person is abusive when they intentionally use physical force, physical pain or bodily harm as a means of manipulation or control over the victim.

Under New Zealand law, physical punishment cannot be included as a form of discipline. This means that physical discipline (hitting and smacking) and the 'use of force' for correction is not allowed. Any discipline that involves physical punishment is considered to be physical abuse.

What is physical abuse?

Physical abuse is when a person is intentionally hurt or injured, for example:

- when a person has been holding too tightly or is rough when attending to someone's personal care.
- giving too much medication to make someone drowsy, or not giving enough medication to assist with pain management.
- restraining without official justification.
- deprivation of basic needs, that is, food, clothing, warmth, or rest.
- where one person inflicts physical violence or pain on another person, for example, by:
 - hitting or punching.
 - kicking.
 - slapping, pinching, scratching.
 - pushing or rough handling



Indicators of physical abuse

Behavioural

Behavioural patterns of a person subjected to physical abuse may include:

- delays in seeking medical help.
- extremes in behaviour, for example, becoming very aggressive or withdrawn and shy.
- being fearful of other adults.
- being reluctant to accept assistance with personal cares.
- uncharacteristic anxiety, nervousness or defiance.
- loss of self-esteem.
- regression, such as bed wetting.
- displaying feelings of sadness or hopelessness.
- suicidal actions.
- obsession compulsive actions, such as repeated washing.

Physical

Physical signs of physical abuse may include:

- unexplained bruises and/or welts (ridges or bumps on the skin).
- injuries in the shape of an object, for example, a belt buckle or a hand.
- unexplained burns or cuts.
- fractures/head injuries.
- loss of weight/malnutrition/failure to thrive.
- depression.
- frequent visits to the emergency department or changes of general practitioners.

Vulnerability to physical abuse

People can be vulnerable to physical abuse for a number of reasons. Feeling isolated and unsupported can mean that a person will seek support from someone they mistakenly think they can trust. Having a disability of any kind, for example, communication impairment, living with dementia or being old and frail make people more vulnerable to all kinds of abuse. Reliance on other people (family or carers) for support with personal care increases vulnerability.

Self-harm

Self-harm is an intentional injury to a person's own body. Although self-harm could be a condition of several illnesses it could also be an indicator of abuse and as such needs to be taken seriously. The most common ways that people harm themselves are by:

- cutting and scratching.
- burning or 'branding' with hot objects.
- picking at skin or re-opening wounds that are almost healed.
- pulling out hair.
- banging or hitting.



Write

In your own words, write a definition of physical abuse.

What could be a behavioural indicator of a person subjected to physical abuse?

What could be a physical indicator of a person subjected to physical abuse?

Use each of the following phrases in a sentence to show their meaning in terms of physical abuse.

'physical abuse'

'use of force'

'withdrawn'

Sexual abuse

Sexual abuse is intended to harm an individual either psychologically or physically in a sexually explicit way. In a power relationship the abuser uses force, coercion or personal behaviours to dominate the victim.

Sexual abuse is improper touching and the improper use of another person for sexual purposes, generally under coercion (physical or psychological pressure) or without their consent (the person has not consented or is incapable of giving consent).

What is sexual abuse?

Sexual abuse can be either physical or non-contact.

Sexual abuse involving physical contact includes:

- sexual activity in which the person cannot or has not consented or they are unaware of the consequences or risks of such actions.
- incest.
- rape or attempted rape.
- overt and inappropriate sexual behaviour.
- fondling/touching of the genital area or breasts.

Non-contact sexual abuse includes:

- verbal or written abuse.
- photographing someone in a sexual way.
- showing a person pornographic material.
- looking, for example, deliberately watching someone showering or undressing.
- indecent exposure and masturbation.

Indicators of sexual abuse

Behavioural

Behavioural patterns of a person subjected to sexual abuse may include:

- poor peer relationships.
- runaway or delinquent behaviour.
- drastic change in educational achievement.
- regressive or childlike behaviour.
- experiencing nightmares.
- excessive preoccupation with genitals.
- simulated sexual activity with others, animals, dolls or objects.
- sexual aggression.
- excessive masturbation.

- verbally descriptive sexual language or explicit sexual behaviour.
- avoidance and/or fear of certain people or social situations.
- erratic behaviour, in or out of the presence of the abuser, for example, becoming uncharacteristically withdrawn, anxious, or easily upset.
- displaying feelings of sadness or hopelessness.
- inappropriate seductive behaviour.
- fearful of normal exposure to nudity.
- unexplained changes in demeanour.

Physical

Physical signs of sexual abuse may include:

- difficulty walking or sitting, or frequent urination.
- bruises, bleeding or discharge in genital area.
- complaints of pain, swelling or itching in genital area.
- stained or bloody underclothing.
- sexually transmitted infections or recurrent urinary tract infections.
- tearing or soreness around anus or vagina.
- difficulty swallowing food.
- abdominal pain that could indicate damage to internal organs.
- sexually transmitted disease or pregnancy

Vulnerability to sexual abuse

People are vulnerable to sexual abuse if they:

- are physically weak.
- are very trusting of others.
- lack awareness of their vulnerability or of what is happening.
- are afraid to confront the abuser.
- have a sense of powerlessness and are unable to express their desire for the abuse to stop.
- are emotionally exposed or needy.



Write

My notes →

In your own words, write a definition of sexual abuse.

What is a behavioural indicator of a person subjected to sexual abuse?

What is a physical indicator of a person subjected to sexual abuse?

Emotional abuse

Emotional abuse is a form of ill-treatment that undermines a person's sense of self-worth and causes the person distress. It is carried out by someone with power over another person who uses that power to control and demean.

What is emotional abuse?

There are several types of emotionally abusive behaviour.

Verbally abusive

This behaviour is the use of negative and insulting words, names and statements that cause mental distress and emotional pain, for example:

- constant criticism and put downs.
- name calling and insults.
- harassment.
- sarcasm.

Rejecting

Rejecting is refusing to acknowledge a person's presence, value or worth, including:

- communicating to a person that they are useless or inferior.
- devaluing the person's thoughts, feelings and actions.
- withholding approval or affection.

Corrupting/exploiting

This could be getting a person to do something illegal, using them for financial advantage or profit or training someone to serve the interests of the abuser rather than themselves.



Degrading

Degrading behaviour may use insults, ridicule, name calling and imitating which may:

- diminish the person's identity.
- diminish the person's dignity.
- lower the person's sense of self-worth.
- cause humiliation.

Terrorising

Terrorising behaviour of an abuser is to induce terror or extreme fear in another person, for example:

- coercion by intimidation.
- threatening physical violence.
- threatening to place a person in an unfit or dangerous environment.
- frightening a person by intimidation.

Isolating

Isolating a person could be by:

- physical confinement.
- restricting contact with other people.
- limiting freedom within a person's own environment, for example, keeping a person confined to their bedroom.

Denying emotional needs

Abuse can be failing to provide care in a sensitive and responsive manner. An abuser can do this by being detached and uninvolved, only interacting when necessary or ignoring a person's mental health needs. For example:

- ignoring a person.
- playing mind games.
- controlling the activities of another person.

Neglecting

Refusing to give care and attention to an individual can be a form of emotional abuse, for example:

- not caring for a health condition, such as a sore.
- leaving a person alone for long periods of time.
- not responding to a call bell in a timely way.

Indicators of emotional abuse

Behavioural

Behavioural patterns of a person subjected to emotional abuse may include, but are not limited to:

- low self-esteem: may not maintain eye contact.
- self-criticism.
- depression and/or suicidal actions.
- embarrassment and/or nervous behaviour, repeated actions.
- severe anxiety: signs of agitation and/or anger.
- extreme withdrawal: flinching, passivity and watchfulness.
- failure to learn.
- regression, such as bed wetting, rocking, biting, sucking.
- inability to sleep and sleepwalking.
- obsessions, such as with cleanliness.
- being very dependent.
- defiance.

Physical

Physical signs of emotional abuse may include:

- restlessness/nervousness.
- failure to thrive/weight loss.
- tiredness.
- sleep disturbances.
- embarrassment/withdrawal.
- showing signs of sadness or hopelessness.
- lack of eye contact.

Vulnerability to emotional abuse

People may be vulnerable to emotional abuse because they feel powerless or lonely. They may be seeking closer relationships and approval from the abuser.

Usually, there is a person in a position of authority or control who creates an emotional dependence or the threat of withdrawal of emotional support. This can be very subtle and difficult to recognise, especially if the person being abused is ill and/or dependent.

Read the following scenario and then answer the questions.

Scenario

Len recently started the retirement he had been looking forward to for a very long time. Unfortunately, within a few weeks, his wife Mary suffered a stroke that left her with speech and cognition difficulties and marked weakness on one side that means she needs help with all aspects of daily living.

You support Mary with her personal care in the mornings but she has to ask Len for any other help she needs during the day and night. Often, Len is too busy to respond. He tells her “I’ll be there in a minute” but sometimes doesn’t come for half an hour or more. More than once, you’ve found Mary with soiled clothing in the morning because she hadn’t been able to get to the toilet in time.

You notice that Mary has become very quiet recently. One morning, you overhear shouting when you arrive at the house. Len is calling Mary a “useless, stupid old woman” and mimicking the speech difficulties she has. Mary is crying when you go inside. When you talk to her she tells you it’s all her fault. She is spoiling the retirement her husband looked forward to for so long.

What type of abuse is this scenario presenting?

What made Mary vulnerable to this type of abuse?

What signs indicate that abuse may be happening?

What could the long term effects of this abuse be on Mary?

Financial abuse

Financial abuse is the misuse of a person's money or property by another person who has access to and control over the person's financial resources. It involves the illegal or improper use or exploitation of the funds or resources of the person.

What is financial abuse?

Types of financially abusive behaviour include:

- taking someone else's pay cheque or benefit.
- withholding money from a person so that they cannot buy food or get necessary medical treatment.
- cashing cheques or using an EFTPOS card and PIN to withdraw money without permission of the account holder.
- stealing personal belongings.
- abusing a power of attorney, for example by selling property or possessions.
- using a person's credit or debit card for online shopping.
- withdrawing financial support.
- getting financial rewards from a person.

Indicators of financial abuse

Behavioural

Behaviour patterns of a person being subjected to financial abuse may include:

- giving away their property/belongings.
- withdrawing money at frequent intervals or in unusually large amounts.
- being unable to pay their bills.
- being unable to buy things they need, such as clothes, food or other necessities.
- being confused about where all their money, property or belongings have gone.
- being unable or unwilling to explain losses or the disappearance of valuables.
- wanting to make changes to their will.

Physical

Physical signs of financial abuse may include:

- malnutrition.
- agitation/nervousness.
- belongings that were in the possession of the person are clearly missing.

Vulnerability to financial abuse

Being independent and able to manage one's own finances makes a person less vulnerable to financial abuse.

Memory loss and confusion associated with developing dementia or being under the control of a person increases vulnerability. There are circumstances in which a person may be very trusting or naive about money matters or credit card use or both. In addition, they may have physical conditions that hinder their ability, for example, the person may have poor vision and may not be able to use an automatic teller machine (ATM) independently.



Read the following scenario and then answer the questions.

Scenario

Doris has been living alone and has been having falls. She has not had and serious injuries until recently when she had a serious fall and broke her hip. She spent several weeks in hospital and lost her confidence to live alone.

Doris has now decided she needs to live in a rest home but her family has persuaded her that they can provide her with the care she needs in their home. Doris feels pressured into living with her son and daughter-in-law and after several months feels that she is a burden on them and arranges to go into care in a local rest home.

When Doris talks to her solicitor about the money needed to pay for her care, he notices that her bank statements show she has been paying board to her family in excess of \$1000 a week. He tells Doris that her family has been using her money for rent. Doris is shocked and upset that they could have done this to her.

What type of abuse is this scenario presenting?

What has made Doris vulnerable to this type of abuse?

What indicators of abuse do you recognize in this scenario?

How is the abuser using the relationship to carry out the abuse?

What could the long-term effects of the abuse be on Doris?

Neglect

Neglect is a form of abuse. Failing to look after someone for whom you are responsible or failing to give the support or attention that is needed is considered to be neglect.

What is neglect?

Neglect can be **active**, or intentional. Neglect can also be **passive**, or unintentional. The people you support can also neglect themselves. This is called **self-neglect**. Self-neglect can also be active or passive.

Active neglect

Some examples of active neglect could be:

- failing to provide food, water, adequate shelter or clean clothing.
- abandoning a person by leaving them in any situation without arranging necessary care, when there is no intention of returning.
- deliberately not washing a person's bed linen when it has been soiled.
- failing to see or comply with the medical care a person needs.

For **self-neglect**, some examples of active neglect could be:

- not eating properly because it's too much bother to cook for one person.
- taking no notice of instructions about when or how much medication to take.
- ignoring personal care such as showering or cleaning teeth.

Passive neglect

Some examples of passive neglect could be:

- not knowing that a person you support bruises very easily and that you need to take extra care with that person's skin.
- forgetting to include a person on a list for an outing.

For self-neglect, a passive example could be:

- having food in the fridge that has become mouldy or rotten because the person didn't realise it needed to be thrown away.

Indicators of neglect

It is important to remember that neglect can be by others or it can be self-neglect.

Indicators of neglect by others

Behavioural

Behavioural patterns of a person being neglected by others may include:

- extreme willingness to please.
- extreme hunger – begs or steals food.
- aggression towards peers, adults or property.
- anxiety.
- regression, eg bed wetting.
- fear.
- sadness.
- defiance.
- withdrawal – flinching, passivity and watchfulness.
- suicidal actions.
- not following health care recommendations.

Physical

Physical signs of neglect by others include:

- developmental delays.
- lack of attention to personal cleanliness.
- malnutrition/failure to thrive/weight loss.
- dehydration.
- poor hygiene such as:
 - body odour.
 - dirty.
 - smelly or unkempt.
 - skin infections.
 - lice or sores.
- being inappropriately dressed for the weather.
- being in need of medical or dental care.
- injuries.
- depression.

Indicators of self-neglect

Behavioural

A person who is neglecting themselves may:

- be quiet and not want to talk or ask questions.
- avoid contact with other people.
- not cook meals or eat healthy food.
- not be paying their bills.
- not change clothing or adjust heating when the temperature drops.
- not do any housework.
- own too many pets.
- neglect personal hygiene.
- not follow health care recommendations.

Physical

Physical signs that a person may be neglecting themselves include:

- unclean or unsafe living conditions.
- weight loss.
- the person is cold and shivering.
- the person is unclean and smelling of body odour or urine.
- clothes are dirty and the same clothes are worn day after day.
- bruises or burns.
- depression.
- the fridge is empty.

Vulnerability to neglect

A person may be more vulnerable to neglect if they are:

- physically weak.
- old and frail.
- grieving loss of independence.
- no longer caring enough about themselves.
- depressed.
- lacking control over their own circumstances.
- dependent on others for help.
- living with reduced mobility or income.

Read the following scenario and then answer the questions.

Scenario

The home support agency for whom you work has a new referral, Barry. Your supervisor has asked you to visit Barry, who lives in an old house in a run-down part of town. She tells you that the house is very untidy because Barry hoards things, papers, bits of string, cans, everything he can't bear to throw out.

Barry has been found by a friend wandering down by the shops. He was not wearing enough warm clothes and was cold and wet. He has not been taking his medication or cooking meals for himself. He has also had a spell in hospital with pneumonia.

The social worker at the hospital thinks Barry is neglecting himself and now needs someone to keep an eye on him and help him do his daily chores.

What type of abuse is this scenario presenting?

What made Barry vulnerable to this type of abuse?

What indicators of abuse do you recognise in this scenario?

What could the long-term effects of this abuse be on Barry?

Long-term effects of abuse

Individuals cope with the trauma of abuse in different ways. Very often this trauma may have long-term effects that can be detected through various indicators.

The effects of trauma can change who an individual is, how they view the world and how they react to people and certain situations. An abuser must realise that the abuse that they inflict on someone is not easily forgettable and recovery may not happen quickly or even at all. The way different people cope with the trauma of abuse will determine the effects this has on their health and wellbeing.

Abuse can affect people for a very long time after it has occurred. It may affect people:

- physically.
- psychologically.
- psychosocially.
- sexually.

Abuse can result in the person:

- living in constant fear and loneliness.
- experiencing low self-esteem, shame (feeling 'used') or guilt (blaming themselves for what has happened).
- having relationship difficulties.
- having trouble trusting others, making new friends or socialising.
- having problems being intimate or having sexual relationships.
- needing to rely on medication, such as antidepressants.
- abusing substances.
- developing eating disorders.
- having emotional difficulties, for example, inability to express feelings or feeling numb.
- having mental health disorders, such as depression and anxiety.
- experiencing flashbacks and/or nightmares.
- having difficulty controlling emotions resulting in intense outbursts or suppressed anger. In turn, these outbursts may lead to trouble with the police.



Abuse can also result in a person experiencing low self-esteem, shame or guilt.

Responding to vulnerability and abuse

Communicating with the person

Sometimes a person may not be able to communicate that they are vulnerable or being abused. There can be many reasons for the individual's inability to communicate. For example, they may:

- be unable to speak.
- be too frightened to bring it up.
- have been threatened by the abuser or have had their family threatened.
- want to protect a family member who is abusing them.
- not know or recognise that the behaviour is abusive.
- feel too embarrassed.
- think that they will not be believed.
- feel guilty or that they deserved the abuse.

In these situations, a person may:

- behave in a way that is unusual or out of character.
- display physical signs consistent with abuse, such as bruising.
- ask questions about certain people.
- become quiet or withdrawn.
- show any of the long-term effects of abuse previously described.
- use words or phrases that could alert a person they trust that abuse is occurring.

You can support people by giving them an opportunity to talk about what is happening by asking non-threatening, reassuring, supportive questions, such as:

“Are you getting all the care you need?”

“Who makes decisions in your life, like how and where you should live?”

Developing a trusting relationship with a person and their family members is a good place to start. Make sure the person you support understands their rights to live free from abuse and how to identify grounds for complaints. Remind them that abuse can happen at any age and it should not be tolerated. It is never acceptable and is a violation of the person's rights.

In your role, you may see or hear things that are usually kept private. In general, it is your responsibility to keep those things private, or confidential, and not to tell anybody else. However, this confidentiality may need to be broken if you notice potential signs of abuse.

Responding

If you are in any doubt about what you should do in a situation like this, especially if you think a person's safety is at risk, talk to your supervisor about it immediately. Vulnerability and abuse are serious and need to be dealt with quickly and thoroughly by people who have the knowledge and experience to do so.



There are times, a person who is being abused, or believes they are a victim of abuse, may tell you about what is happening to them. This is referred to as a **disclosure of abuse**.

It is your role to:

- listen to the person, trying not to display your own emotions or judgements, such as alarm or disgust.
- acknowledge their disclosure in a way that lets them know you are taking them seriously.
- inform the person that you are there to support them and that the abuse is not their fault.
- record the facts and report the disclosed abuse as your organisation requires.
- as much as possible, respect the privacy and confidentiality of the person.
- do your best to ensure the safety of the person, if necessary.

It is **not** your role to:

- investigate the abuse.
- question the person about the abuse or the abuser.
- confront the potential abuser.
- make judgements about the abuse, the potential abuser, or the abused.

Reporting vulnerability or abuse

It can be hard to be certain that a person is vulnerable, or being abused or neglected.

Many of the behavioural or physical signs of abuse may be due to another cause. This makes them **potential signs** of abuse.

There are times when a situation may change or 'build up', which can lead to an abusive situation. There are danger signs that could indicate that abuse might be happening or is going to happen. These are signs of **potential abuse**. Some of these signs could be:

- the main support person is showing signs of being under extreme stress.
- the relationship between the support person and the person being supported is breaking down.
- the person is starting to get verbally abusive or physically aggressive.
- the person's behaviour is becoming more difficult or inappropriate.

If you think abuse might be happening or has the potential to happen, you must report it to your supervisor. Your organisation will have policies and procedures that outline:

- to whom you report.
- how you report, for example, phoning your supervisor or filling in an incident report form.
- your role once the potential signs of abuse have been recognised and reported.
- how the situation will be managed.

Respecting the person's rights

You must, at all times, make sure that the rights of the person are being respected in terms of their privacy, dignity, and autonomy.

Privacy means the right of a person to feel secure and have control of their personal information.

Dignity means the right of a person to receive support that does not put them in awkward or embarrassing situations.

Autonomy means the right of a person to do things for themselves and make their own decisions.

 **Write**

My notes 

Use the following scenario to complete the table on this page and the incident report form on the next page.

Scenario

Today is Monday, 26th April. You visit Mrs Leach at 5pm to support her to prepare a meal for herself.

Her daughter, June, usually does the food shopping the day before you visit. Today there is no food in the fridge. Mrs Leach says June didn't go shopping because her car broke down and she had to spend the shopping money to fix the car.

This is the third time you have visited Mrs Leach when her daughter has spent the shopping money on something else. You suspect it could be financial abuse.

You need to report it to your supervisor.

What have you seen, heard or been told that makes you suspect abuse may be happening? List the facts.

To whom will you report the incident?

How will you report the incident?

How does the incident reporting fit in with your organisation's policies and procedures?

Compare this example form with the form your organisation uses.

| INJURY/ACCIDENT/INCIDENT REPORT | |
|---|-------------|
| PERSON REPORTING ACCIDENT/INCIDENT: | |
| Name: | |
| Contact phone: | Job status: |
| DETAILS: | |
| Where injury/accident/incident occurred: | |
| Date: | Time: |
| WHO WAS INVOLVED? | |
| Name: | Address: |
| Contact phone: | |
| OTHER PEOPLE INVOLVED? | |
| Name: | Address: |
| Contact phone: | |
| Position/relationship: | |
| WHAT HAPPENED? | |
| | |
| | |
| | |
| | |
| | |
| ACTION TAKEN TO CHANGE/FIX INJURY/ACCIDENT/INCIDENT? | |
| | |
| | |
| SIGNED (PERSON REPORTING INJURY/ACCIDENT/INCIDENT): | |
| | Date: |
| FOR THE ATTENTION OF: | |
| | Signed: |

Read the following scenario and then answer the questions.

Scenario

Jane is 18-years-old and has a disability. She lives with her parents who are from a non-English speaking background. You support her every morning before she goes to work. One morning you arrive and find her visibly upset.

She tells you that she was approached at work yesterday by her male supervisor who tried to touch her and made suggestive sexual comments to her. Although Jane likes her supervisor, and wants to please him at work, she doesn't think he should try and touch her or say these things to her.

She doesn't want to go to work today. She is afraid she will get into trouble for telling you about it and thinks she could even lose her job because no one will believe her story. She has not told her parents about what has happened.

What has Jane disclosed to you that might be considered abuse? List the facts.

How can you support Jane and make sure she is safe?

What do your organisation's policies and procedures say about your role in this situation?

What could be the long-term effects of this abuse be on Jane?