

# **UNDERSTANDING ABUSE**

## **WORK MANUAL**

## **AIMS OF TRAINING**

(1) To define and highlight various forms of abuse.

(2) To provide the support workers with knowledge to:

- Minimise the level of abuse in the care environment.
- Enable the monitoring of individuals who are at risk of abuse.
- Minimise the effects of abusive behaviour

# **UKQCS Training**

## **Understanding Abuse**

**Work through this manual and answer the questions at the end returning to your team leader as soon as possible discussing any issues arising**

### **Introduction**

#### **PROTECT INDIVIDUALS FROM ABUSE**

It seems that every week there is a story in the news about clients in care being abused. The abuse may have been by care staff or another client or from an intruder assaulting and robbing a client. Clients also suffer abuse through being neglected by health and care services. The stories we read about and see on TV are the most shocking ones these are fairly rare. However more clients suffer from abuse than is admitted

#### **As a care worker in care you should:**

- Be aware of the possibility of abuse
- Help to minimise the effects of abuse
- Help stop clients being abused by workers, their relatives, other clients or even strangers
- Help prevent clients abusing workers
- Help stop workers being abused by other workers

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### What is Abuse?

#### DEFINITIONS

Abuse may be described as physical, sexual, psychological or financial. It may be intentional or unintentional or the result of neglect. Abuse refers to any situation where a person's human rights or legal rights are refused, restricted or curtailed.

It causes harm either temporarily or over a period of time.

The ongoing inability of an informal carer to respond adequately to meet the needs of a dependant person. This results in the violation or loss of that person's human rights.

The physical, emotional or psychological abuse of a person by a formal or informal carer. The repeated abuse violates the person's human and civil rights by a person who has POWER over the life of the dependant.

A single or repeated act occurring within relationships where there is an expectation of trust which causes harm to an individual.

Abuse is treating someone or something in a way, which harms him or her. Abuse, may be directed at oneself (self-harm) at others or things. It may be emotional; financial; physical, psychological or sexual.

Abuse refers to any situation where a person's human or legal rights are refused, restricted or curtailed.

Abuse can take many forms and be short or long term.

Abuse can be categorised according to the abuser:

- Self abuse (e.g. Taking illegal drugs, purposeful self injury)
- Other abuse (e.g. child abuse; granny bashing)

Abuse can be categorised according to the nature of the abuse that has taken place.

#### **Types of abuse**

- Physical
- Sexual
- Psychological/Mental
- Sociological
- Institutional
- Legal/financial

**N.B More than one type can occur at the same time to the same person**

### **PHYSICAL ABUSE**

Acts of omission or commission (things you do or don't do) on the part of others and meaning that the victims body or bodily functions suffer from some level of pain stemming from the following:

**Physical injuries from: - Bodily assaults; bodily impairments; neglect and medical maltreatment**

#### **a) Bodily assaults**

i.e. burns, bruises, abrasions, fractures, dislocations, welts, wounds, rashes, pressure sores or marks of physical restraint.

#### **b) Bodily impairments:**

Lack of adequate care, inadequate supervision e.g. for someone with no awareness of danger

i.e. malnutrition dehydration emaciation poor hygiene drug addiction, alcohol addiction, sleep deprivation, failure to thrive; hypothermia or improper ventilation, leaving someone in direct sunlight who is unable to move themselves etc.

#### **c) Medical health maltreatment:**

- 1) Not receiving or being refused medication.
- 2) Receiving too much or too little medication.
- 3) Health care is unavailable, irregular improper inadequate inappropriate or duplicated.
- 4) Not calling the GP

### **SEXUAL ABUSE**

- The involvement of a person in sexual activity against his/ her will, to which she/ he has not given informed consent,  
and / or
- Which violates the taboo governing sexual contact between close relatives i.e. incest. or professional relationships i.e. between support worker/carer and client

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### **PSYCHOLOGICAL/MENTAL ABUSE**

- Making the person feel ashamed of his/her involuntary behaviour, blaming the person for attitudes, actions or events beyond their control, or ridiculing for his/her conduct.
- Episodes of bullying or using a bullying tone; being called names, being intimidated, threatened, or fearing for their safety, health or well-being; being shouted at, being discriminated against, whispering behind a clients back, ignoring clients.
- Not upholding or restricting (unless restricted by law) a client's choice and rights, privacy, violation of trust.

### **SOCIOLOGICAL ABUSE**

Deprivation of normal social contact on the part of others involving: -

- Involuntary withdrawal from valued activity e.g. confined to a room, not allowed to participate in family life with the rest of the household, denied visitors or access to outside activities. Failure to acknowledge culture, ethnic, religious needs etc.
- Inadequate or improper supervision of a person legally defined as requiring care e.g. person in hospital or other institution, or someone mentally ill or impaired in the community

### **LEGAL ABUSE**

- Misuse of the person's money, property, possessions or insurance, or blocking access to these material goods.
- Through stealing the person's money, property, possessions, insurance, or extortion of such through threats

**Institutional Abuse** is an abuse of power and disregard for a person's individuality and rights

A lot of clients now living with support in the community have come from institutions where abusive regimes were in place. e.g. strict timetables, no choice. After a while residents can become 'institutionalised'; lose their confidence and find it difficult to make choices and decisions.

However this abuse of power can happen anywhere as it is about respecting a client's rights and choice and treating them as individuals

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### **Indicators of abuse**

#### **Physical signs and symptoms**

- a) Bruising especially in well protected areas, e.g. inside of thighs, upper arm,
- b) Finger marks.
- c) Burns/scalds.
- d) Any injuries/ bruises found at different states of healing or such that it is difficult to suggest an accidental cause.
- e) Injury shape similar to an object.
- f) Injuries to head/face/ scalp.
- g) Injuries and infections of the genitals
- h) General signs of neglect -malnutrition
- i) Ulcers, bed sores and being left in wet clothes.

#### **Psychological signs and symptoms.**

- 1) Quiet, withdrawn. and depressed (avoiding eye contact, passivity, no Spontaneous smiles)
- 2) Tearful, agitated, jumpy and tense
- 3) Aggressive
- 4) Change in behaviour.
- 5) Poor appetite, poor sleep pattern or excessive sleep or gouging food.
- 6) Poor self-image/esteem
- 7) Disturbed sleep pattern

### **Indicators of financial abuse**

- a) Unexplained or sudden inability to pay bills.
- b) Unexplained or sudden withdrawal of money from accounts.
- c) Disparity between assets and satisfactory living conditions.
- d) Lack of receptivity by relative to any necessary assistance requiring expenditure, when finances are not a problem. (The natural thriftiness of some people should be born in mind)
- e) Extraordinary interest by family members and other people in the vulnerable person's assets.
- f) Poor recording

**It goes without saying that someone suffering physical abuse will also be suffering emotional/mental abuse**

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**Abuse in care can include anything that is unfair to a client or ignores their Rights**

### **Legal Rights**

These Rights exist to ensure that someone in care has the same protection from the law as everyone else and are stressed in recent community-care legislation they include:

- Freedom from physical or mental abuse
- Protection of the individuals property
- Protection of the individual's finances

### **Social Rights**

These are the rights we all expect to enjoy in any setting involving other people they include:

- Privacy
- Dignity
- The right to choose diet, dress and occupation;
- The right to choose whom we see and associate with;
- The right to be alone;
- Having a say in the way the care setting is organised

Many care settings have a client's charter or other document which sets out the rights of people being cared for (see staff handbook principles and values underpinning our service in providing customer care) and with the coming of the NHS and Community Care Act this has become a legal necessity.

If you think these Rights are being abused it is your duty to report it

**It is your legal responsibility to protect people's rights and to protect them from harm Legal action may result from abuse or failure to report abuse.**



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**Health and social organisations and the people who work in them have a legal obligation to promote the welfare of their clients and prevent them from being harmed.**

**Many forms of abuse are criminal acts e.g. matters for the police - Can you give some examples?**

### **Abuse and the Law**

- **Theft** - this involves taking property without consent
- **Assault and battery** - battery may include simply touching a person if they do not wish this but it usually implies more serious restraint or attack such as wounding, indecent assault, racial assault and racial attacks Giving someone medical treatment or washing them without their consent can count as battery. Assault refers to causing fear of such things happening. It can be an abuse to grab hold of someone or make threatening gestures towards them
- **Deception** - this is usually about deceiving people out of their property but it can apply to tricking someone - for e.g. tricking them into taking a medicine they don't want to take
- **Sexual offences** - this is where one of the parties cannot legally give consent for example sex with children or with adults regarded as incompetent because they have severe learning difficulties
- **False imprisonment** - this includes restraining someone or confining them against their wishes
- **Verbal abuse** - examples of illegal behaviour include verbal abuse likely to cause a violent reaction racial abuse and obscenity

(Some workers manage to brush aside verbal or spoken abuse perhaps claiming that it's a bit of fun or part of everyday life. But verbal abuse can be deeply hurtful, insulting and offensive. Some kinds of verbal abuse such as racist or sexist remarks, obscene comments or abuse likely to provoke a violent response - are also against the law)

- **Breaches of privacy or confidentiality** - e.g. entering another person's house without invitation, opening and reading their post. Where a care worker has a duty of confidentiality he or she must keep the affairs of clients private
- **Denying access to information** - for example with some exceptions it is an offence to withhold health and social service records from the person they concern
- **Illegal discrimination** - e.g. where a person is treated worse than others because of their ethnicity (or race) gender. Disability or religion
- **Criminal negligence** - it is illegal to place the health and safety of others at risk

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Many of the above are also civil offences This means that someone else other than the police can bring a court case for damages or compensation or to stop the abuse. Civil offences may occur even if there is no criminal offence For example most medical negligence cases against doctors involve no criminal offences.

**Health and Social care organisations and the people who work in them including yourself have a legal duty of care This makes it a civil offence not to do whatever is reasonable to promote the welfare of clients and prevent them from being abused.** What reasonable means often has to be decided in the courts

Health and care organisations and their staff are trusted with looking after clients. If they fail to do this then they are being abusive To prevent abuse organisations ask the police to vet prospective staff to see if they have criminal convictions for violent, sexual and abusive offences

Most criminal offences have something in common they are all criminal offences because the victim did not consent to what happened. The victim had a right to choose what happened and someone ignored that right The exception is sex with someone who doesn't have a right to consent to sex - a child or a mentally disordered person

**Some clients have their rights to choose limited by law. Where this happens things may be legally done to them, which would be abusive if they were done to other people**

### **Legal Rights**

These Rights exist to ensure that someone in care has the same protection from the law as everyone else and are stressed in recent community-care legislation they include:

- Freedom from physical or mental abuse
- Protection of the individuals property
- Protection of the individual's finances

**Some reasons why clients have their choices limited by law are:**

- They are mentally unstable, mentally ill or have severe learning difficulties Their rights to make some decisions have been given to someone else They might be subject to a court protection Order; or a decision made under mental health legislation
- They are unable to make decisions because they are unconscious, very ill or disturbed Professional health or care workers have the power to make choices for these clients However they must make these choices with the clients best interests in mind Where there are important choices to make it is usual to consult the clients next of kin or someone else who is closely associated with them.

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### **Who is at risk from abuse?**

Everyone

### **Which individuals are at high risk of abuse?**

Children, elderly, people with learning difficulties; physically disabled  
Quiet people with low self esteem etc.- all vulnerable individuals

### **Why?**

Because they are dependent on others and are in a vulnerable position - the person requiring care could easily fear the loss of the care  
On the other hand carers can be in quite a vulnerable position from their clients with challenging behaviour

### **Significant factors that can affect the outcome of care provision**

- Attitude - e.g. he won't mind I'll do it later, can't be bothered
- Rushing, tired, stressed - e.g. forget medication etc. low tolerance
- Inexperienced - handle a client wrongly that creates a difficult situation
- Greed for material goods or power
- Expectations that carers have about their jobs influence their ability to handle difficult situations e.g. a carer who always expects people to conform to the plan of care is likely to cause anger and resentment in people who do not agree with their planned care
- Attitude toward people who need care and their families and attitude to the job role tend to have an effect on how a carer behaves toward the people that receive care
- Stereotyping - not seeing or valuing people as individuals

It is important to understand that there is always a reason for a person's behaviour. People receiving care are often adjusting to changes in lifestyles that affect them physically, emotionally, and socially. Individuals cope with their frustrations in different ways. Some people take out their anger on everyone others may be quiet and withdrawn some people blame all of their problems on others other blame themselves. Some deny there is a problem others try to find a reason for everything. Never express anger or irritation toward people in your care. Your attitude affects their behaviour and well-being. Understanding and accepting your own feelings is important

**Whenever you feel frustrated try to understand why you feel that way. If you are unable to cope with your feelings seek advice**

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Sometimes people are uncooperative threatening, demanding rude stubborn.

Dealing with this is not easy and often there are no obvious answers

***\*This is a specialist area of study and this will be dealt with in more detail in the Challenging Behaviour training***

### **Underlying factors that can affect people's behaviour.**

- Pain, illness
- Anxiety, depression
- Fear
- Needs or expectations unmet.
- Poor communication
- Stress, tired
- Broken promises
- Mental health
- Immaturity
- Insecurity,
- lack of understanding
- Drugs, alcohol
- loss of independence
- grief
- loneliness
- family problems
- lack of self-esteem
- unable to express feelings
- bored -lack of stimulation

Abuse in the form of discrimination can occur if people are labelled as difficult or awkward. Sometimes carers try to avoid these people and this can make them more abusive

### **Why do we react violently?**

**Individuals vary in what they think in what violence means. It might mean kicking a wall or slamming a door not just violence towards someone**

Usually we feel violent because we feel unable to change an upsetting or annoying situation

**People often behave in a violent way because they do not know what else to do. In other words they feel powerless to do otherwise.**

**Activity 1. Why do we react violently?**

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Look back over your life and think of 2 situations when you came close to violence. We mean 'violent for you' because individuals vary in what they think is violence. It doesn't have to be violence against someone - it could mean kicking a wall or slamming a door hard.

**Note down what the situation was that made you feel angry.**

You probably found that you were violent because you felt unable to change an upsetting or annoying situation.

**People often behave in a violent way because they do not know what else to do. In other words they feel powerless to do otherwise**

However good you are at preventing aggression from starting there will probably be times when it erupts.

If you are involved when an aggressive episode takes place the vital thing is to keep a cool head. Respond as a care professional.

When you come across aggression the first step is to assess rapidly what's going on.

**You need to consider: -**

- What has actually happened
- What might happen
- The danger to others
- The danger to yourself
- The cause
- Weigh these up carefully

**What you actually do will depend on the situation.**

Whatever it is remember to protect others who are nearby and to protect yourself.

Be positive but tactful in your response don't be confrontational this will make matters worse, but be assertive. **Act don't react**

Don't patronise the aggressor; this will inflame things further.

You should aim at reducing tension not increasing it. As far as possible try to remove the cause of the aggression if there is an external one.

When aggressive behaviour occurs try to defuse the situation so that dangers and disturbances to others are kept to a minimum.

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If you require assistance, get help immediately. If a client in your care exhibits aggressive behaviour follow the plan of care for that person including any policies/procedures pertaining to the situation.

Channel your own emotions and energies into dealing with the situation. As long as you can do so safely you should calm down someone who is behaving violently and reach them by using the right words and body language.

**Show disapproval of the Behaviour but show respect for them as a person and recognise their feelings.**

Immediately after a violent/aggressive incident check that anyone who was injured or shocked is treated.

The staff that dealt with the incident and the clients involved or affected may not react at the time but a delayed reaction is common.

People may not recognise that a sudden feeling of despair or panic, which they feel several days later, is related to an earlier incident.

**What should happen after an accident/incident to minimise the risk of reoccurrence? –**

- Report and record;
- Investigate what happened and why;
- Evaluate and discuss how things could be improved
- Assess future risks and action plan to reduce future incidents
- Record appropriately and ensure all staff know and if there are any changes made

Talking over with the other support workers in your team and your team leader can help you to deal with your feelings.

**It is worth looking for patterns or triggers to challenging/violent behaviour:**

All staff should be prepared i.e. know their clients and their behaviour. It is important that staff recognise patterns in their behaviour. This means looking for signs and working out causes. For example someone's triggers might be being asked a question they can't answer, being stared at, sworn at or being ignored. Also clients may also be upset by others behaviour. You need to find out what particular things upset clients to make them react

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### **Activity 2.**

Imagine for example that a young woman who you know can be violent is standing in the day room of a group home swearing loudly. From previous experience you know that this kind of behaviour is often followed by violence

Would this be a good time to remind her that swearing is not allowed? Or could this make her even more violent? - Explain

**In this situation it is probably best to distract her and calm her down  
Then later when she is on her own remind her about the ‘no swearing rules’**

**Support the clients involved and assist the person who was being abusive to examine how their behaviour was upsetting and harming others to help them behave in a more appropriate way**

### **Activity 3**

Colin is a young man with learning difficulties living in a group home. His father is African- Caribbean and his mother is white and English born. A great many insults and jokes go on between residents in this home as happens in many homes. However in Colin’s case the insults or jokes are often racist

A new care worker brings the subject up at a staff meeting. She says that Colin is being abused and that other staff never do anything to stop this the other staff reply that everyone else in the group home does it and that it shows that Colin is accepted as a member of the group.

Suppose you were the manager of this group home and the new care worker took the problem to you what action would you recommend?

**Colin is facing the kind of abuse he may experience quite often in his life. As the home manager you would first need to make sure that Colin’s key worker is helping him to deal with racial abuse.**

**You would also need to make sure that the staff in the home work with all residents to show them how hurtful their insults can be. The residents need to realise the harm in insulting others even jokingly .However you need to take care that staff don’t make the other residents feel rejected or blamed when they point this out.**

***When you challenge someone’s behaviour you should always try to condemn the action and not the person***



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### **Activity 4**

**1. Does this information need to be shared and Why?**

**2. What action would you take and why?**

1. Miss T is an 84-year-old client who suffers from dementia. She is occasionally very confused and can be aggressive during these episodes. On your way to visit her today the neighbour tells you that when she visited Miss T. Yesterday Miss T hit her with her walking stick and she shows you the marks on her legs. You ask Miss T about it and she becomes very distressed accusing the neighbour of lying and says that the neighbour was stealing her money and that is why she hit her. She asks you to say nothing as she is afraid that her neighbour will stop doing her shopping for her.

**Yes this information needs to be shared because they are both at risk.  
Report to your line manager.**

**You have to be careful not to jump to conclusions.**

**It is important that you support your client.**

**Investigate because it could be possible that the neighbour could be stealing her money in which case this needs to be stopped although it is likely a mistake has been made. Either way you need to support Mrs T and support her to act appropriately and to understand what has happened. If it is found that the neighbour has not abused your client then you need to help her to understand why Mrs T behaves the way she does and suggest ways to avoid future episodes.**



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### **Reporting abuse**

#### **Keeping a clients information confidential**

One of the difficulties in dealing with abuse is that you can't promise to keep it to yourself. If a client is at risk or will put someone else at risk you must report it

You should always warn a client if you think they are going to tell you something that you may have to pass on to someone else or they might never trust you or other carers again

Another difficulty is that often you are told information that is muddled and uncertain if the client talked in this way about something else you would probably not pass the information on to anyone but because it is abuse you must pass it on even though it may turn out to be inaccurate.

Information about abuse is often unclear but it is still important to report it

#### **Report immediately any incidents or changes in behaviour, which might indicate abuse.**

When you write up any record about abuse you should make sure:

- it is clearly written if you are handwriting it
- it states all the facts clearly
- it includes as much information as possible
- Include the date time and place

#### **This is always important whether the record is about:**

- abuse you think may be happening or that you are aware of
- a violent incident
- information you have received from other people about possible abuse

#### **How do you respond to hints about abuse?**

Imagine you are a support worker for an elderly lady a Mrs Davies. You have the following conversation with her

Mrs Davies: *Is it going to be Jane on tonight?*

You: *Yes Why?*

Mrs Davies: *Oh nothing - I just wondered I'd better keep my head well down then hadn't I?*

You: *Why would you need to do that then?*

Mrs Davies: *I don't want to be hit again do I?*

You: *Mrs Davies is Jane hitting you?*

Mrs Davies: *Oh no I wouldn't say that exactly*

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**Clients often make complaints in this way. Mrs Davies seems to be saying that something is happening and nothing is happening at the same time. She is offering you the chance to ignore what she says. It would be easy to do this, but you shouldn't take the easy option. What you need to do is try to get a clear picture from Mrs Davies about her worries. Tell her what is likely to happen if she makes a complaint you might say: -**

***'If you are worried about something it would be a good idea to tell me about it You don't have to tell me now you can have a think about it first. Would you like me to explain what happens when someone makes a complaint'***

**And if Mrs Davies doesn't want to discuss it further at the moment you should certainly raise it with her again at another time**

### **How do you pass on a complaint of abuse?**

Lets suppose that Mrs Davies does not want to discuss the matter at the moment. This leaves you in a difficult situation

Do you:

1. Report what Mrs Davies said to your manager?
2. Report what Mrs Davies said to Jane?
3. Report it to both of them?
4. Say nothing to anyone for the time being?

**This is a very tricky situation. The fourth option is probably most tempting. If Mrs Davies was exaggerating or making trouble it could turn out to be the best things to have done but can you take a risk?**

**It may be true that Jane is ill-treating Mrs Davies. If this is the case and you don't pass on what Mrs Davies says then you are helping Jane in her criminal behaviour**

Information about abuse is often ambiguous but you have to pass it on.

You should therefore:

- work out what is good evidence and what mere suspicion
- Check what facts you can and distinguish these from opinion
- Keep matters as confidential as possible only telling those who have a need to know

**Where you are concerned about individuals who are at risk or unsure as to what to do, seek advice from the appropriate person**

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### **Abuse can be minimised if:**

- Staff have the appropriate knowledge and understanding
- Staff have a professional approach
- Staff uphold and promote clients choice and Rights
- Clients are given enough freedom and if they are listened to rather than ignored.
- Clients feel safe about expressing their concerns. They will then feel safe enough to report abuse and people are much less likely to abuse others
- Staff know when, how and to whom to report abuse/suspected abuse
- Staff know what to look for as signs as abuse
- Care is given to clients and are monitored to the care plan (know a clients needs preferences, dislikes etc.)
- Adequate supervision
- Provide a safe and secure environment
- Report and record any changes or signs of abuse accurately legibly and completely to the appropriate person immediately
- Effective communication between staff
- Pass on suggestions for improvement to the appropriate person
- Build a clients confidence and self esteem
- Support the person who was being abusive to examine how their behaviour was upsetting and harming others to help them behave in a more appropriate way
- Use interpersonal skills to deflect energies into useful activities rather than escalating conflict
- Encourage compromise solutions to conflict
- Clients reviewed and risks assessed as required
- Staff evaluate their own performance
- Accurate collection of information
- Care staff provide positive role models for appropriate and socially acceptable behaviour
- Staff consistently follows procedures of intervention (where procedures in order to try and change someone's behaviour they must be followed carefully and consistently by care staff. Many procedures are designed to give consistent messages to people or teach them specific ways of doing something. It is care staff that are in the position to make sure that this happens. So often it is said that nothing seems to work when in fact it may be that staff are responding inconsistently or sometimes not at all It is vital to agree to one procedure and then follow it exactly)

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### **Abuse by outsiders**

Sometimes clients are abused by people who aren't clients or carers

For example:

- *people living alone might be harassed by children in their street*
- *people with learning disabilities might be called names or harassed by neighbours*
- *outsiders can enter hospital wards etc*
- *people break into homes*
- *people pretend to be someone they are not to gain access*

**Always ask to see some kind of identification before you let someone in to see clients who are vulnerable**

### **Balancing clients needs for freedom and protection**

Sometimes care organisations abuse their clients without meaning to. This is because they are trying to keep them safe from accidents or exploitation. The agency does not intend to prevent clients doing what they want. But often if care workers don't approve of what the clients wants to do they simply won't help them to do it. It can be difficult to make sure that a client is kept safe from abuse while letting them be free to lead their lives. For example if you let people who are confused go shopping and decide what they want to buy they may be cheated out of their money. But they may enjoy shopping and like having freedom to make choices about what they buy.

**It is important to be aware of when you might break the law by stopping a client from doing something**

There are few laws which give care organisations the power to restrict the freedom of their clients except where the freedom of one client interferes with the freedom of another. As we have already seen some kinds of clients have their legal rights to make choices limited by law

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Mary who works in a street drug agency looked at all the violent incidents over the past year. There were not very many recorded incidents. But she remembered times when it had been particularly fraught and talked to colleagues about this. She found that the agency seemed most tense or dangerous when it was crowded with clients. This usually happened in the last half hour before closing, when many clients came to collect clean needles. In one respect this was not surprising however the pattern seemed to be related to physical overcrowding.

**In response to Mary's findings the agency moved the furniture around to increase the amount of floor space for the clients. They also made sure that staff always stayed until closing time rather than leave early. Mary thought the records were not adequate for monitoring the risk of violence because only serious incidents were recorded. So the staff devised a way of recording their feelings of danger in the office book just noting 'low' 'medium' 'high'. There was nothing scientific about this but whenever they recorded 'high' it made them think about what was going on and how the situation might better be managed.**

**If you can see different ways in which your organisation could keep abuse to a minimum pass on your ideas to the relevant person**

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### Activity 2

Imagine for example that a young woman who you know can be violent is standing in the day room of a group home. Swearing loudly. From previous experience you know that this kind of behaviour is often followed by violence

**Would this be a good time to remind her that swearing is not allowed? Or could this make her even more violent? – explain**

### Activity 3

Colin is a young man with learning difficulties living in a group home His father is African- Caribbean and his mother is white and English-born A great many insults and jokes go on between residents in this home as happens in many homes However in Colin's case the insults or jokes are often racist.

A new care worker brings the subject up at a staff meeting She says that Colin is being abused and that other staff never do anything to stop this the other staff reply that everyone else in the group home and that it shows that Colin is accepted as a member of the group.

Suppose you were the manager of this group home and the new care worker took the problem to you what action would you recommend?

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### **Activity 4**

1. Miss T is an 84-year-old client who suffers from dementia. She is occasionally very confused and can be aggressive during these episodes. On your way to visit her today the neighbour tells you that when she visited Miss T. Yesterday Miss T hit her with her walking stick and she shows you the marks on her legs. You ask Miss T about it and she becomes very distressed accusing the neighbour of lying and says that the neighbour was stealing her money and that is why she hit her. She asks you to say nothing as she is afraid that her neighbour will stop doing her shopping for her.

- 1. Does this information need to be shared and Why?**
- 2. What action would you take and why?**

### **Activity 5. Why do people turn a blind eye to abuse?**

Think about why people may not report abuse and note down your answers to these questions

- 1. Why don't clients who are being abused report it?**
- 2. Why don't staff report abuse they know about?**
- 3. Why don't relatives report abuse?**

# **UKQCS Training**

## **Abuse Questions**

- 1.What is Abuse?**
- 2.List some types of abuse and give some examples of each**
- 3a. Give reasons why some clients may have their right to choose limited by law?**
- 3b. How can you ensure that these people are not abused?**
- 4.Who is at risk in your setting and why?**
- 5.What underlying factors can affect a client's behaviour?**
- 6.What significant factors can affect the outcome of care provision?**
- 7.What does it mean when we say ACT don't REACT to aggressive behaviour**
- 8.What should happen after an incident to minimise the risk of reoccurrence?**
- 9.What should happen if you suspect abuse?**
- 10.What can you do to minimise abuse in your setting?**
- 11.How can being aware of client's behaviour patterns and triggers help to minimise abuse in your setting?**

***PLEASE USE A SEPARATE PIECE OF PAPER FOR YOUR ANSWERS.***



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### Activity 4 response

**1. Does this information need to be shared and Why?**

**2. What action would you take and why?**

1. Miss T is an 84-year-old client who suffers from dementia. She is occasionally very confused and can be aggressive during these episodes. On your way to visit her today the neighbour tells you that when she visited Miss T. Yesterday Miss T hit her with her walking stick and she shows you the marks on her legs. You ask Miss T about it and she becomes very distressed accusing the neighbour of lying and says that the neighbour was stealing her money and that is why she hit her. She asks you to say nothing as she is afraid that her neighbour will stop doing her shopping for her.

**Yes this information needs to be shared because they are both at risk  
Report to your line manager**

**You have to be careful not to jump to conclusions**

**It is important that you support your client**

**Investigate because it could be possible that the neighbour could be stealing her money in which case this needs to be stopped although it is likely a mistake has been made, Either way you need to support Mrs T and support her to act appropriately and to understand what has happened. If it is found that the neighbour has not abused your client then you need to help her to understand why Mrs T behaves the way she does and suggest ways to avoid future episodes.**

### **Activity 5 response - Why do people turn a blind eye to abuse?**

Think about why people may not report abuse and note down your answers to these questions

- 1. Why don't clients who are being abused report it?**
- 2. Why don't staff report abuse they know about?**
- 3. Why don't relatives report abuse?**

**1. There are various reasons why clients don't report abuse. One explanation is fear. An abused person may feel that they will be punished for not reporting it sooner. Also they may feel that the longer they allow it to continue the less seriously any complaint will be taken. They worry what people may say. 'It can't be all that serious if you have taken all that time to report it.' Reporting abuse also raises other risks for clients. They might think 'Suppose I report it and no one believes me what will people think of me then?' or 'If I report the abuse will the abuser find some way of punishing me?' If**

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**the matter goes to court then this can be very difficult for the abused person. As well as fear another reason is that many people blame themselves for the abuse I should have done something to protect myself or I must be a wicked or worthless person if this kind of thing is happening to me. They feel that others will blame them too. Often people do not report abuse when it is happens in domestic circumstances perhaps because the abused person may still feel love and care for the abuser and not wish to harm them  
The person may not realise they are being abused**

### **2. Staff may not report abuse for several reasons:**

- they feel they may not be believed**
- they are not completely sure whether it is happening Also they don't want to get a colleague into trouble unnecessarily**
- they might also feel scared of what the person they have accused will do to them**

### **3. When people are in residential care their relatives may simply not report abuse because they don't know about it. If relatives suspect abuse they may not know how to report it or they may be discouraged from doing so by the person who is being abused feeling that reporting it may make it worse**

**In domestic circumstances relatives might not report abuse because they are the ones doing the abusing or they put the reputation of the family above the welfare of the person being abused or because they are frightened of reprisals**

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## Abuse Questions Answers

1. What is Abuse?  
*(answer on Page 3, Definition)*
2. List some types of abuse and give some examples of each  
*(page 4 -6)The carer should show they are aware of the less obvious abuse such as restricting a clients choice, ignoring a client, blaming the client for actions, events beyond there control etc*
- 3a. Give reasons why some clients may have their right to choose limited by law? *(Page9)*
- 3b. How can you ensure that these people are not abused?  
*(page9)*
4. Who is at risk in your setting and why? *(page11)*
5. What underlying factors can affect a client's behaviour?  
*(Page 11)*
6. What significant factors can affect the outcome of care provision?  
*(Page10)*
7. What does it mean when we say ACT don't REACT to aggressive behaviour  
*(Page 12)Reacting is just responding without thinking it is acting in response to the aggression often emotionally not looking at the whole situation, which can often escalate the incident.*  
*When we say Act - we mean respond but in a professional manner - assess the situation and respond assertively*
8. What should happen after an incident to minimise the risk of reoccurrence? *(Page 13)*
9. What should happen if you suspect abuse? *(page 15)*
10. What can you do to minimise abuse in your setting? *(Page 17)*
11. How can being aware of client's behaviour patterns and triggers help to minimise abuse in your setting?  
*(Page 13)*