The Role of the General Dental Practitioner (GDP) in the Management of Abuse of Vulnerable Adults

Abstract: Abuse of vulnerable adults is largely under reported. The most common forms of abuse amongst this group are neglect and financial abuse, although an individual may be at risk of any or all forms of abuse. Certain individuals are at an increased risk of abuse due to their domestic environment and any physical or mental disability they may have. Clinical Relevance: Vulnerable adults constitute a significant proportion of the population. GDPs should be aware of the signs of abuse, to be able to identify those individuals at risk, and how and when to raise concerns of abuse to social services.

Vulnerable adults
The term 'vulnerable adult' is defined as 'a person aged 18 years or over who is, or may be in need of, community care services by reason of mental or other disability, age or illness; and who is, or may be, unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. It encompasses those with physical disability, mental illness including dementia and other degenerative illnesses. 'Abuse' is defined as, 'a violation of an individual's human and civil rights by any other person or persons'.

There are many different forms of abuse which can occur in a variety of circumstances and situations. The document No Secrets produced by the Department of Health classifies six broad categories of abuse:

- Physical abuse: including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions;
- Sexual abuse: including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting;
- Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;
- Financial or material abuse: including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
- Neglect and acts of omission: including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; and
- Discriminatory abuse: including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Who it is at risk?
Not all vulnerable adults are at equal risk of abuse or neglect. Several characteristics of the individual, the abuser and the situation they are in make adults more vulnerable to abuse, or neglect. These are summarized in Table 1.

Signs and symptoms
The signs and symptoms of abuse and neglect are various. Dental practitioners should be alert to such signs...
Risk factors in the vulnerable adult
- Social isolation
- Dependence on abuser for essential care
- Physical and cognitive deterioration
- Dementia
- Challenging behaviour

Risk factors in the abuser
- Dependence on the person he/she abuses for financial and/or emotional support
- The abuser is in a situation where the care of the vulnerable adult has been forced upon him/her
- Financial problems (sometimes caused by having to give up a job to care for a vulnerable adult), or unemployment
- Resentment at being obliged to care for the vulnerable adult
- Mental health problems or personality disorder
- Physical illness
- Physical and emotional exhaustion due to the demands of care-giving
- Drug or alcohol problem
- Low impulse control
- Lack of problem-solving skills
- Lack of knowledge and insight into the reasons for the vulnerable adult’s physical condition and/or behaviour
- Lack of care-giving skills
- Social isolation
- Abused as a child

Features of the environment
- History of long-term poor quality relationship between carer and victim, eg domestic violence
- Lack of sufficient support from external agencies
- Poor and overcrowded housing
- Culture of disrespect towards vulnerable adults in the community

Risk factors in institutions
- Poor management
- Rigid, inflexible routines
- Lack of opportunities for residents to exercise choice
- Poor staff training
- Inadequate staffing
- High staff turnover
- Lack of support for staff
- Disrespectful staff attitudes towards vulnerable adults
- Lack of guidance on boundaries in relationships between staff and residents
- Culture of intimidation, victimization, and/or power hierarchies in staff group

Table 1. Risk factors for abuse of vulnerable adults.

in patients at risk (see Table 2).

Fortunately, abuse and neglect are uncommon but practitioners should be aware that they might have a patient in this situation.

King’s College London recently carried out a survey of GDPs’ knowledge concerning abuse of older people. Data from a questionnaire survey of 380 respondents (78.4% response rate) from the Dorset and Somerset area showed that, with regard to experience of abuse and neglect of older people, 85% had heard of abuse, 8% had known of specific incidents of abuse or neglect of older people, 3% had seen or treated an abused older patient, 7% had seen or treated a neglected older patient. Additionally, the survey found that, in 64% of cases, the abuse was brought to attention by personal observation and that most incidents occurred to people in nursing homes.

Additional comments made include:
- ‘I am sorry to say that this did not really cross my mind but it will in the future.
- ‘Are you sure this is a problem or more scaremongering?’
- ‘I see many cases of dental neglect in my surgery which could be rectified by basic training of care assistants and other staff of nursing and residential homes.

What does this mean for the GDP?
The General Dental Council (GDC) states that dental professionals are responsible for ‘putting patients first and acting to protect them’. With regard to vulnerable adults (and children), ‘dental professionals have a responsibility to raise any concerns they may have about the possible abuse or neglect of children or vulnerable adults. It is their responsibility to know who to contact for further advice and how to refer to an appropriate authority (such as your local health trust or board).’

The General Dental Council (GDC) expects all registrants to be aware of the procedures involved in raising concerns about the possible abuse or neglect of children and vulnerable adults. ‘Find out about local procedures for child protection. Make sure you follow these procedures if you suspect that a child might be at risk because of abuse or neglect.’

The document No Secrets gives guidance on the management of abuse of vulnerable adults from a multi-agency approach. GDPs should play a key role in identifying abuse of vulnerable adults, and prevention of abuse, as well as introducing systems to support staff in these roles.

Staff

Staff training
All dental practice staff should receive training relating to the protection of vulnerable adults from abuse and neglect. Training should be provided as part of the induction process for all new members of staff and should be provided regularly for all staff to ensure that up-to-date local procedures can be followed.
<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Presenting Indicators in General Dental Practice/Domiciliary Setting</th>
</tr>
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<tbody>
<tr>
<td><strong>GENERAL</strong></td>
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<tr>
<td>General signs</td>
<td>Appointments often missed</td>
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<td></td>
<td>Poor compliance with treatment regimens</td>
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<td></td>
<td>Explanations of injuries are conflicting or vague</td>
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<tr>
<td>Behaviour of patient</td>
<td>Remains quiet while carer responds to questions</td>
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<td></td>
<td>Anxious</td>
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<td></td>
<td>Closed body position/holding head down</td>
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<tr>
<td>Behaviour of carer</td>
<td>Care-giver ignoring vulnerable adult</td>
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<td></td>
<td>Inappropriate displays of affection by care-giver</td>
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<td></td>
<td>Verbal intimidation, berating, or use of humiliating language by carer</td>
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<td></td>
<td>Threats of punishment or deprivation</td>
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<tr>
<td>Features of the domestic environment</td>
<td>Dirty, smelly, unsanitary conditions</td>
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<td></td>
<td>Indications of unusual confinement, eg patient is closed off in a particular room, tied to furniture</td>
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<tr>
<td><strong>PHYSICAL ABUSE</strong></td>
<td></td>
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<tr>
<td>General signs</td>
<td>Cuts, lacerations, puncture wounds, open wounds, bruises, welts, discoloration, black eyes, burns, bone fractures, concussion</td>
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<td></td>
<td>Untreated injuries in various stages of healing or not properly treated</td>
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<td>Overdosing or underdosing of medication</td>
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<tr>
<td>Oro-facial signs</td>
<td>Fractures of the mandible, maxilla or zygomaticomaxillary complex</td>
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<td>Eye injuries, orbital fractures</td>
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<td></td>
<td>Unexplained alopecia (from pulling hair)</td>
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<td><strong>NEGLECT</strong></td>
<td></td>
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<tr>
<td>General signs</td>
<td>Impaired skin integrity/ulcers, rashes, sores, lice, unkempt appearance, body odours</td>
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<td>Malnourishment, emaciation or dehydration without an illness-related cause</td>
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<td>Failure to provide a safe environment</td>
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<tr>
<td>Oro-facial signs</td>
<td>Soiled clothing or bed</td>
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<td></td>
<td>Inappropriate clothing</td>
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<td></td>
<td>Lack of appropriate physical aids such as glasses, hearing aids, assistance with eating and drinking</td>
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<td></td>
<td>A vulnerable adult telling you he/she is left alone for days on end</td>
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<tr>
<td><strong>PSYCHOLOGICAL ABUSE</strong></td>
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<tr>
<td>Helplessness</td>
<td>Hesitation to talk openly, fearfulness</td>
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<td>Denial of a situation</td>
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<td>Anger without apparent cause</td>
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<td>Emotionally upset or agitated</td>
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<td>Unusual behaviour (sucking, biting, rocking)</td>
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<td><strong>FINANCIAL ABUSE</strong></td>
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<tr>
<td>Lack of dental care</td>
<td>Care-giver questions dentist on necessity of dental work for older person ‘at his age’</td>
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<td>The vulnerable adult suffers from substandard care in the home, despite adequate financial resources</td>
<td>Disappearance of a vulnerable adult’s possessions in an institutional setting</td>
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<td>Vulnerable adult poorly dressed</td>
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<td>The inclusion of additional names on an older person’s bank account</td>
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<td>Unpaid bills</td>
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<td></td>
<td>A vulnerable adult telling you that someone has taken their money</td>
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<tr>
<td><strong>SEXUAL ABUSE</strong></td>
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<tr>
<td>A vulnerable adult telling you that they have been sexually assaulted or raped</td>
<td>Oral signs of sexually transmitted diseases, eg syphilitic or herpetic ulceration</td>
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<td>Signs of psychological abuse (see above)</td>
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Table 2. Type of abuse presenting indicators in general dental practice/domiciliary setting.
ACTION ON ELDER ABUSE
www.elderabuse.org.uk
Action on Elder Abuse is a charity campaigning against the abuse of vulnerable older adults. This site contains details of its national helpline which provides information and emotional support in English, Welsh, Hindi, Urdu and Punjabi to anyone concerned in any way about the abuse of older people.
Helpline: 0808 808 8141 (freephone) available 09.00– 17.00 Monday to Friday (closed on all English bank holidays).

AGE UK
www.ageuk.org.uk
Age Concern and Help the Aged have joined forces and become Age UK. The organization works to promote the well-being of older people. Locally, Age UKs and Age Concerns provide vital services which focus on the needs of older people in the area. At the national level, it takes a lead role in campaigning, parliamentary work, policy analysis, research, specialist information and advice provision, publishing and a wide range of training.
Helpline 0800 009966 (freephone) available every day from 08.00-19.00.

BRITISH SOCIETY OF DISABILITY AND ORAL HEALTH
wwwbsdh.org
BSDH aims to bring together all those interested in the oral care of people with disabilities.

UNITED KINGDOM DISABLED PEOPLE’S COUNCIL (UKDPC)
www.ukdpc.net
The United Kingdom Disabled People’s Council (UKDPC) was first established in 1981 by disabled people to promote their full equality and participation within society. It is an umbrella body that represents over 300 disabled people's organizations.
Tel: 020 8522 7433

CITIZENS ADVICE BUREAU
www.adviceguide.org.uk
Citizens Advice Bureaux provide free confidential advice to everybody from over 2,000 outlets UK wide on issues including debt, housing, employment, benefits and legal matters.

DEAFBLIND UK
www.deafblind.org.uk
Deafblind UK offers help and advice to deafblind people, their families and carers, and professionals working with them. The site contains information on the organization and its services, information on deafblindness, the text of The Deafblind Persons' Charter, etc.
Information and advice line: 0800 132320 (freephone) available 24 hours a day, for voice and text calls.

DEPARTMENT OF HEALTH
www.dh.gov.uk
This site gives up-to-date information on policy relating to the protection of older people and vulnerable adults.

DISABILITY INFORMATION SERVICES
www.diss.org.uk
DISS aims to make high quality, impartial and independent information available across the UK. The site provides up-to-date contact details for key disability information and service providers at local, regional and national levels.

DOWN’S SYNDROME ASSOCIATION
www.downs-syndrome.org.uk
DSA provides help, information and advice to help people with Down's Syndrome live full and rewarding lives.
Helpline: 0845 230 0372 Mon-Fri 10.00-16.00.

NHS DIRECT
www.nhsdirect.nhs.uk
NHS direct has health professionals available 24 hours a day every day to give health advice and reassurance.
Helpline: 0845 4647 available 24 hours a day.

Table 3. Useful organizations and contact details for vulnerable adults.
Training should include:
- Definitions of abuse and the forms that abuse can take, including neglect;
- Signs and symptoms of the various types of abuse;
- Characteristics of ‘at risk’ groups;
- Assessing the need for intervention, and procedures in emergency situations;
- Who to talk to;
- Record keeping;
- Confidentiality;
- Information for the patient, leaflets etc.

**Responsible person**

It is good practice for all dental teams to identify one person to be responsible for ensuring that practice protection procedures and protocols are up-to-date. Procedures for reporting abuse may vary slightly between local authorities and it is incumbent upon GDPs to ensure that a referral protocol is obtained from their local social services department, and is kept up-to-date by the designated person on an annual basis. The designated person should also keep other helpful information such as websites for useful organizations for vulnerable adults up-to-date; for examples of such organizations see Table 3. Keeping protocols and information up-to-date may also involve liaising with the local Area Child Protection Committee and Domestic Violence Forum. The designated person should also be responsible for training the practice team in the recognition and management of abuse, including the training of new members of staff. GDPs are responsible for the well-being of their patients and should personally ensure prompt referrals are made to the appropriate agencies, and all necessary treatment is provided. There should be a designated senior person in the practice who is responsible for receiving concerns about the conduct of staff within the dental practice.

**Staff recruitment**

All applications should be made in writing and written references should be taken up prior to employment of any individual. All prospective employers should make all reasonable efforts to check that references are bona fide and, if there is doubt, should ask for alternatives. Ideally, references should be obtained from two referees, neither of whom are family members, and should include the applicant’s last employer and/or someone who has first-hand knowledge of the applicant’s experience and expertise in working with children and vulnerable adults. Referees should be asked to comment on the applicant’s suitability to work with these groups of people.1,6

**Criminal Records Bureau (CRB) checks and the Vetting and Barring Scheme**

The Home Office requires all dentists, dental hygienists and dental auxiliaries to have an enhanced disclosure CRB check when applying for a position. The government’s Vetting and Barring Scheme was developed to prevent people who are deemed unsuitable to work, either paid or as volunteers, with children and/or vulnerable adults from doing so. The Independent Safeguarding Authority (ISA) holds lists of individuals who may pose a risk to these groups and has the authority to bar them from working with the vulnerable. Additional safeguards were introduced in October 2009, which include a duty to share information. Employers are required to notify the ISA of any relevant information to ensure that people who pose a threat to vulnerable groups are prevented from working with them. It was proposed that new employees would need to register with the ISA from July 2010, with it becoming mandatory in November 2010 for all new employees, followed by a phased introduction of all people already working with these groups by the end of July 2015. The new government, however, has announced that the registration aspect of the vetting and barring scheme is to be halted pending a review. The new safeguards put in place in October 2009, which include a duty to share information, still stand and the ISA are still taking referrals.

It is likely that policy in this area will change in the future once a review has been carried out.

**Consent**

It is important to seek the patient’s consent before disclosing an incident or suspected incident of abuse to social services. The disclosure must be carried out in an appropriate manner so that the patient is not put at increased risk of harm. Details of the discussions and agreement of the patient to disclosure of information to social services should be recorded in the dental records. Disclosure of information can be made without consent in a number of situations:
- In particular, where the adult is believed to be at risk of death or serious harm;
- If the adult is not competent to give consent; or
- If information is required under a court order or another legal obligation.

In such situations as these, it is the responsibility of the GDP to ‘act at all times in the best interests of the patient based on a risk-benefit assessment, accept final responsibility for his or her actions, and be able to justify them if subsequently challenged.’ Disclosure of information about a competent adult without the patient’s consent should be discussed with a senior colleague and the GDP’s defence organization.

**Who to inform**

Local social services are the lead agencies to which disclosures of abuse should be made. Relevant local contact details should be made available in the practice handbook or manual, and kept up-to-date by the designated responsible person.1

Telephone referrals to social services should be followed up in writing within 48 hours.

**Records**

It is essential that accurate contemporaneous records be kept of all allegations or suspicions of abuse. Where abuse has been disclosed, the precise factual information of the alleged abuse must be recorded. Details of any discussions and decisions taken and reason for those decisions should be clearly recorded.8

In addition, comprehensive documentation of injuries should be made, including details of site, size, colour, swelling and other distinguishing features.
Figure 1. Management of abuse.

Disclosure of abuse by patient/Suspicion of abuse

Ensure immediate safety and welfare of vulnerable person

Is urgent medical attention required?

No

Yes

Is urgent police presence required?

Yes

No

Contact the relevant emergency services 999 – be aware of possible need for forensic evidence. Ensure evidence is not contaminated

Carry out information gathering:
- History
- Examination
- Clinical Photographs
Discuss with patient a referral to social services

Patient requests not to be referred

Patient does not have capacity to consent

Discuss with senior colleague and defence organization

Provide continuing dental treatment, treat oral injuries if possible and refer appropriately for treatment of other injuries

Patient consents for referral

Telephone referral. Follow up in writing within 48 hours

Offer contact information of voluntary organizations and helplines

Make comprehensive accurate notes of all discussions, decision, referrals and treatment
Body maps are recommended to illustrate physical injuries. Where appropriate, clinical photos should be taken. Again, it is important that informed consent is gained before clinical photos are taken. In cases where the patient is unable to give informed consent, the GDP should take clinical photos if it is considered to be in the patient’s best interest. The decision to take clinical photos without consent should be discussed with a senior colleague and the GDP’s defence organization. As with all patient information, it is essential that all records are kept entirely confidential.

**Treatment, support and follow-up**

It is important that continuity of care and on-going treatment are carried out in a supportive manner which builds trust between the GDP and the patient who has experienced abuse. All injuries should be treated, or a referral made for treatment. If the GDP feels competent to treat the oral injuries, treatment should be initiated. Referrals to appropriate specialist departments should be made if the problems or injuries are more severe.¹

In cases where a patient does not wish for a disclosure to be made to social services, it is not the place of the GDP to give advice. However, patient leaflets should be offered with the contact details of various organizations, voluntary agencies, helplines, etc who may provide the patient with helpful information.

**References**