Appropriate Language Guide for Safeguarding Adults

"Our language is like a window into our values and beliefs."

Avon and Somerset Constabulary, Domestic Abuse Language Matters

Why Language Matters

Our choice of words and phrases can influence the way we and others think about what is happening in abusive or neglectful situations.

Language affects our perceptions about who has the power to effect change, and perceptions of risk and responsibility.

It can also influence whether adults feel respected by professionals, whether their dignity is preserved, and whether adults at risk believe they can trust us.

Professionals rarely intend to use language that is victim-blaming, shaming or hurtful and often do so because of cultural norms within their work environment, sometimes it serves to protect professionals from secondary trauma, and can arise as a result of compassion fatigue.

It is important to have an open mind and reflect on the language we use day to day, its impact on our work and on the people we are striving to help. Supervision should include critical reflection on the meaning and impact of the language we use.

This guidance is intended to support professionals on the appropriate use of language when safeguarding adults at risk of abuse, neglect or self-neglect. It has been developed and agreed by a multiagency group of senior professionals from across the health, social care and policing network in Hillingdon. It applies in a range of contexts:

Speaking directly with or about adults at risk

Delivering training or supervision

Making written records and reports about adults at risk

Who are adults at risk?

The Care Act 2014 defines adults at risk as those who:
- have care and support needs,
- are at risk of, or experiencing, abuse, neglect or self-neglect
- and as a result of their care and support needs are unable to protect themselves.

Adults can have care and support needs as a result of learning disabilities, mental health problems of any type, physical disabilities of any type, frailty, consequences of drug and alcohol use, or autism.

Section 42 of the Care Act 2014 places a duty on the local authority to coordinate enquiries to establish what actions need to be taken, and by whom, to safeguard an adult at risk.

All professionals across health, social care and policing have a role in safeguarding adults and need to think about how they use language when communicating with adults, the community, fellow professionals and when making written records.

No Blame, No Shame

Victim-blaming and shaming language is sometimes used by professionals, without intention or awareness. It appears frequently in responses to disclosures of abuse and in the way that choices and decisions of victim-survivors are framed.

Further reading: IOPC's guidance on ending victim blaming in violence against women and girls

IOPC

Ending victim blaming in the context of violence against women and girls.

Why language, attitudes, and behaviours matter.
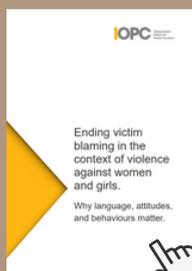
Why didn't you call the police?

Did you tell him to stop?

Why don't you just leave?

You should have told me sooner.

Victim-blaming or shaming language implies a vulnerable adult is in some way responsible for abuse or neglect they suffer, or could have stopped it if they chose. This can be re-traumatising and hurtful for victim-survivors, and it suggests a misunderstanding of the mechanisms of coercion and control at play in most forms of abuse.

Victim-blaming language can sometimes stop professionals recognising their power and responsibility to protect the adult. It also obscures the responsibility of perpetrators of abuse or neglect. Victim blaming and shaming can make it much harder for adults at risk to trust the people responsible for safeguarding them.

In supervision, identification and reflection on victim-blaming language can help to improve the support being offered to adults at risk, and can help identify support and development needs of professionals.

Sometimes adults at risk can use self-blaming language too, which can both reflect and embed feelings of guilt and shame. Helping someone to shift the way they use language can potentially assist them to reframe their experiences and empower them.

Language Considerations In Safeguarding Practice

There are some areas of safeguarding work that require particular linguistic considerations, and in relation to which there are common phrases and terminology that can hinder our abilities to support, show respect and give dignity to victim-survivors.

Go to each section to see guidance specific to these different areas of practice.

Describing and Identifying People

Making Safeguarding Personal

Common Phrases in Safeguarding Adults

Responding to Disclosures

Sexual Abuse

Domestic Abuse

Modern Slavery, Exploitation and Cuckooing

Correctly Describing and Identifying People in Written Recording

In numerous serious incidents some abusers have been labelled in records as 'carers', and 'friends' despite not being either. They have hidden behind these labels, which cast them in a positive light and reduce scrutiny of their actions and motivations. Accuracy and scrutiny about the people involved in an adult's life is important for thorough risk assessment.

Never rely on first names and vague assumptions about their role and relationship to an adult - if someone is involved in providing support or interested in an adult's care, record their full name, address, relationship, contact information and date of birth at the earliest opportunity. If they refuse to share information document this clearly and explore reasons. Check their records against your database. Always reality check claims that someone is providing care. Establish what care they are providing and whether they are genuinely willing and able to do so. If you have any doubts about their integrity seek further information - consider an information request to police.

Describing and Identifying People	Better Alternative
I spoke to her carer *I spoke to family member* *I spoke to neighbour*	*I spoke to [full name, address, phone number, date of birth, relation to adult at risk] about...*

Making Safeguarding Personal and Barriers to Accepting or Receiving Support

Making Safeguarding Personal (MSP) is an initiative which aims to improve adult safeguarding. It is about making safeguarding interventions *outcome focused* and *person-led*. Sometimes there are tensions between these two aspects of MSP, for example when someone at risk says they don't want our help or they're unwilling to talk to us.

Balancing the duty of care and protection with the right to self-determination and autonomy is the key to effectively Making Safeguarding Personal.

Being person-led

- 'Doing with' people rather than 'doing to'.
- Empowering the adult to make choices and exercise control
- Right to privacy and family life

Being outcome-focused

- Protection and increased safety
- Improved quality of life
- Achieving change, in ways that are meaningful and valuable to adults at risk

Stop saying they '*don't engage*' and start saying they are '*hard to reach*'.

When people decline support or don't turn up to appointments, when there is a known or suspected risk or need, the onus is on professionals to reach them. If risk is unreasonably high, professionals should work together to safeguard someone even if they don't want help.

There are many potential barriers to accepting or engaging with support, including ongoing coercive control by another person, mental illness, cognitive impairment, mobility problems, shame, fear, and/or mental incapacity.

Often, refusal of help or difficulty working with you can be explained by the type of help being offered, the way it is offered, or often well-founded fears about potential consequences of accepting help, or hopelessness about the potential for change. Trauma can also play a part in serious difficulties trusting people.

Thoroughly explore barriers to engagement and find ways to build relationships. The conclusion that someone doesn't want help should only be drawn after proactive attempts to explore the barriers, build trust and assess risk.

Common Phrases in Safeguarding Adults

There are some common terms and phrases used by professionals when talking and writing about adults at risk and about safeguarding work. When language humanises the adult at risk and focuses our attention on them and on our power and duty to help, it is likely to improve the work we do. Here are some examples of language which may hinder effective safeguarding interventions and some alternatives.

Common Phrases	Better Alternatives
I am doing a safeguarding on her Reflects a paternalistic mindset and reinforces the idea that the professionals are 'doing to' rather than 'working with'. Also, focuses the mind on the process rather than the person.	*I am working with her and her family, using safeguarding procedures, to help her stay safe.*
It's a lifestyle choice Often used as a justification to cease safeguarding interventions in the context of chronic self neglect - particularly where substance misuse, homelessness, hoarding, begging, or prostitution pose risk. Implies the adult is free to choose, diverts attention from the role of trauma, potential coercion, and from professional responsibility to safeguard.	*He's been evicted from the hostel again because of his behaviour. We need to understand the factors contribute to his behaviour by working together with people who know him and find out what we can about his personal history. Then we can plan support.* *We need to assess her executive capacity to address her hoarding/housing/substanec misuse*
My case/The case Referring to people or families as 'cases' can dehumanise the adult at risk and their families. It can reduce compassion/empathy by obscuring the shared humanity between professionals and the people we are there to support.	*The person/people/families I am supporting.* *The person/people I am making safeguarding enquiries for.*
Mrs. Smith won't engage / Mrs. Smith refuses help Assumes she is able to engage with support. Gives her the responsibility for 'engaging' and trusting professionals she barely knows, rather than giving professionals the responsibility to find ways to build trust and rapport.	*Mrs. Smith is reluctant to accept help from me/our service. I am not sure of her reasons.* *Mrs. Smith may find it easier to accept help from someone she already trusts. I am liaising with other professionals who know her better to explore options and alternatives.* *Mrs. Smith is hard to reach. We need to work creatively to build trust and explore barriers to engagement.* *Mrs. Smith has missed 4 appointments this month. We need to review her ability to attend appointments and explore barriers.*
...put himself/herself at risk Implies the victim is responsible for the risks presented by the perpetrator and that they can make free and informed choices.	*S/he is at risk from...* *The perpetrator(s) pose a risk of..... to this adult*

Responding to Disclosures

The way we respond to disclosures of abuse or neglect, and even self-neglect, can have a huge impact on the way that adults at risk can feel and how much they trust us to understand and help effectively.

Many common responses and professional reactions can imply the victim is responsible for the abuse being 'allowed' to continue, or that it was within the victim's power to stop the abuse earlier. Some responses can imply disbelief in the disclosure, or can indicate how little the risks and dilemmas victims face are understood.

There are many good reasons why adults at risk may hesitate to ask for help from professionals or delay disclosure. They may have had experiences of asking for help previously and been let down or experienced shaming, blaming or inaction. They may have experienced an increase in risk as a result of telling someone, or have good reason to believe that the situation could be made worse by a badly planned intervention.

Common Blaming/Shaming Responses to Disclosures	Better Alternatives
Why didn't you tell me/someone sooner? Implies that the person has done wrong or is responsible for the continuation of the abuse/neglect and could have stopped it sooner.	*I can imagine it was hard to tell someone. You've done really well in letting me know what's going on.* *Thank you for telling me. I will do my best to help.* *I understand this is hard to talk about. Thank you for sharing this with me.*
Why didn't you call the police? Indicates you do not understand how difficult it can be to contact police and ignores the possibility of past bad experiences of police contact.	*I can imagine calling the police is scary. Can I help you do that?* *Have you ever felt able to call the police before? How did it go?*
Well, that's a very serious allegation. Are you sure? Fuels anxiety about having told you. Implies the person might be lying and implies it would be best to withdraw the allegation.	*That sounds like a very scary/ distressing/ worrying situation.*
What do you expect me to do about that? Suggests they have done something wrong by telling you. Reinforces their sense that no one can/will help.	*I will do whatever I can to help. Is there anything specific you need from me right now/want me to do right now?*

Sexual Abuse

STOP AND THINK

When planning your conversations with victim-survivors of sexual abuse and recording written information about them and about what has been reported, there are some key questions to ask yourself.

Who had the power in the situation?

Am I clearly locating responsibility for the abuse with the abuser rather than the victim-survivor?

Is anything I am writing/saying inadvertently locate responsibility/choice/power with the victim-survivor, when in fact they did not have any?

Could my words be heard as blaming or shaming the victim-survivor?

What words can I use that could help them to feel heard and supported?

Common Phrases/Terminology	Better Alternatives
She had sex/sexual relations with a carer Indicates that the victim is somehow responsible for or chose the sexual abuse. Obscures the significant power differential between adults at risk. It is best to state what Mrs. Smith or anyone else told you clearly and without euphemisms	*The carer reportedly raped/sexually assaulted her.* *She said the carer touched her breasts/vagina.* *The paid carer (stipulate identity if known) reportedly showed his penis to Mrs. Smith.*
Did you say 'no'? Did you tell them to stop? Implies that victim may have been responsible for the abuse or that they had the power to stop the abuse. These questions imply they could have prevented the abuse by saying 'no' and chose not to. Don't ask about the adult at risks' behaviour or responses at all. Instead be curious about their experience.	*I can imagine that was hard. Would you like to tell me more?*
S/he is known to be promiscuous '*Promiscuous*' is a judgemental term based on cultural norms and mores. It isn't appropriate in any context when discussing an adult at risk. It's inappropriate to comment on the number of sexual partners a person has where there is a suspicion of sexual abuse. Occasionally it's necessary to describe sexual behaviour, for example when making best interests decisions about sex with others. State facts as simply and clearly as possible, without judgement.	*S/he reports multiple sexual partners in (specific period)* *S/he says s/he rarely uses condoms.* *S/he says s/he has had sex with people s/he has not met before.*

Domestic Abuse

The language used by professionals plays a pivotal role in shaping the support and interventions provided to survivors of domestic abuse. Utilising empathetic, non-judgmental language aligns with best practices advocated by organisations such as Women's Aid, Refuge, and Safe Lives. Understanding the complex dynamics of domestic abuse and the barriers to leaving an abusive relationship is essential. By adopting language that reflects understanding and respect, professionals can foster a more supportive environment that empowers survivors and facilitates their journey toward safety and healing.

Common Phrases/Terminology	Better Alternatives
S/he refuses to leave the relationship Frames the survivor's decision as a refusal implies stubbornness or poor judgment. Places the responsibility with him/*her* to solve the problem, rather than the perpetrator. Obscures the complexity of the situation. Leaving an abusive relationship heightens risk so it shouldn't be assumed that it's the best option unless the right support and safety plan is in place.	*S/he doesn't feel safe or able to leave the relationship now. We will continue exploring safety strategies.* *We need to understand what has happened if s/he has tried to leave previously* *We need to understand what s/he thinks partner will do if s/he leaves.*
What did you do to make him/her angry? Implies blame and accountability for the abuse lies with the victim-survivor and not with the perpetrator. There are no excuses or justifications for domestic abuse. Questions like this collude with abusers tactics of shaming and blaming victim-survivors for the abuse.	*That sounds really scary. You're not responsible for abuse. It is never your fault...* *Are you able to identify common triggers for his/her behaviour?*
Why don't you leave? Blames the victim survivor rather than the perpetrator for ongoing abuse. Shows the victim survivor that you do not understand the enormous risks and challenge involved in leaving an abusive relationship and the likelihood of risks increasing and persisting after the relationship is ended.	If you've tried to leave before, what happened? If you were to move out, what do you think might happen? Has s/he ever made threats about what he would do if you leave?
S/he doesn't want help/doesn't engage/doesn't cooperate with services Labelling a survivor as someone who 'doesn't engage' or 'uncooperative' is judgmental and also encourages a sense of helplessness and hopelessness for both the survivor and the professional network. Such statements blame and problematise the survivor, rather than acknowledge the high risks and complexity and dilemmas facing survivors in negotiating their safety.	*S/he is hesitant to engage with services. We will explore with him/her why this is.* *I will ask what her/his experiences of support have been like before.* *We need to work on building trust and understanding with her/him. It may take time for her/him to feel able to accept our help.*

Modern Slavery, Exploitation and Cuckooing

The term 'modern slavery' is in the Modern Slavery Act 2015 and describes criminal activity including sexual and criminal exploitation, forced labour, domestic servitude and begging. Whilst it is necessary and useful in a range of contexts to describe it as slavery, it is important to consider the history and connotations of the term 'slavery'. How might it feel to be described as a slave?

It is also important to remember that where modern slavery is a factor, the 'consent' or otherwise of the victim is irrelevant to determining it as a crime. It is entirely possible for someone to agree to something AND be a victim of modern slavery.

When there is a concern about antisocial or criminal behaviour it is important to think about the role of coercion and control, forced isolation or forced dependence involved in exploitation of adults with care and support needs. In cuckooing situations, there is usually coercion and control through threats of or actual violence against the resident, or implied threats about what happens if someone says 'no'.

Common Phrases/Terminology	Alternatives
Modern Slavery Whilst legally correct and appropriate, it can be uncomfortable and disturbing for individuals to hear their experiences couched in these terms, without discussion.	*When I use the word 'slavery' I mean that… …you were forced into working for them. …you could not refuse to do what they said.*
She is in a relationship with the perpetrator Implies the victim is in a consensual relationship. It obscures the abusive or exploitative context, including the use of coercion and control inherent in modern slavery.	*The adult knew the perpetrator. It appears that she may have been forced into sexual activity.*
Prostituting himself/herself Assumes the person made an independent choice and ignores the potential coercion involved. Where coercion is a possibility, it's important not to imply choice. Where someone has care and support needs the risks of exlpoitation is higher.	*The adult has been sexually exploited.* *This vulnerable adult has engaged in sex for money. We need to explore their freedom to choose, mental capacity and the possibility of coercion by someone else.*
It's a lifestyle choice Implies choice and control by the adult at risk over engagement in behaviour which is risky or criminal. It is important not to make assumptions about choice and control, and instead be curious about the external pressures on adults at risk eg. coercion, control, manipulation, forced isolation.	He is seen begging regularly. It is not clear what the reasons are. This needs to be explored. Mr. Bloggs is involved in moving/selling drugs. It is not clear what the barriers are to him stopping this activity and we need to explore this with him.
He allows people to deal drugs in his house/stay in his house Implies the adult has the power to prevent people from coming into the house and/or he has a choice in what people do in his home.	*People enter his house. We need to find out what he fears would happen if he tries to stop them.* *When/if he has asked them to leave, how did they react?*