# What is “harm” and who may be considered “at risk”?

To meet the second point of the three-point criteria the adult must be assessed as being at risk of harm. [Section 3(2)](https://www.legislation.gov.uk/asp/2007/10/section/3) of the Act defines an adult as being at risk of harm if:

* another person’s conduct is causing (or is likely to cause) the adult harm; or
* the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

Adults can be at risk of harm in various settings, be it in their own home, in the wider community, or in a hospital setting. They also may be placed at risk through inappropriate arrangements for their care in a range of social or health care settings. Perpetrators of harm can include families and friends, informal and formal carers, fellow users of residential and day care services, fraudsters and members of the public.

[Section 53](https://www.legislation.gov.uk/asp/2007/10/section/53) states that “harm” includes all harmful conduct and gives the following examples:

* conduct which causes physical harm;
* conduct which causes psychological harm (for example by causing fear, alarm or distress);
* unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion);
* conduct which causes self-harm.

**The list is not exhaustive** and no category of harm is excluded simply because it is not explicitly listed. In general terms, behaviours that constitute harm to a person can be physical, sexual, psychological, financial, or a combination of these. The harm can be accidental or intentional, as a result of self-neglect, neglect by a carer or caused by self-harm and/or attempted suicide. Other forms of harm can include domestic abuse, gender-based violence, forced marriage, female genital mutilation (FGM), human trafficking, stalking, scam trading and hate crime. Some such cases will result in adults being identified as at risk of harm under the terms of the Act, but this will not always be the case.

# Types of Harm

The Act defines harm as “all harmful conduct”. The [Social Care Institute for](https://www.scie.org.uk/safeguarding) [Excellence](https://www.scie.org.uk/safeguarding) (“SCIE”) has a comprehensive downloadable resource illustrating types of harm in detail: [Types of abuse: Safeguarding adults](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse).

Evidence of any one indicator should not be taken on its own as proof that abuse is occurring. Conversely, practitioners must remember that individuals may well be subject to more than one type of abuse at a time, and the way that these types of abuse interact and compound should be taken into account. With this in mind, practitioners should consider making further assessments, consider other associated factors, and ascertain which referral(s) may be the most appropriate for that individual.

The SCIE identify some commonly recognised types of ‘harm’, but note this list is not exhaustive. More information is provided on each harm, via the link:

[Physical harm](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#physical) [Sexual harm](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#sexual)

[Psychological or emotional harm](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#psychological) [Financial or material harm](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#financial) [Modern slavery](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#modern-slavery)

[Discriminatory harm](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#discriminatory) [Organisational or institutional harm](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#organisational) [Neglect or acts of omission](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#neglect)

[Self-neglect](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse#self-neglect) Also see:

NHS inform: [Self-harm](https://www.nhsinform.scot/illnesses-and-conditions/mental-health/self-harm)

**Some forms of harm may result in criminal charges** being brought, under appropriate legislation, against the person perpetrating the harm. If, in dealing with a person under the terms of the Act, there is reason to suspect that a crime has been committed then the police should be advised without delay. Such legislation may include, for example, [Section 315](https://www.legislation.gov.uk/asp/2003/13/section/315) of the Mental Health (Care and Treatment) (Scotland) Act 2003.

The Counter-Terrorism and Security Act 2015 places a duty on those listed under [specified authorities in Scotland](https://www.legislation.gov.uk/ukpga/2015/6/schedule/6), such as councils, to have due regard to the need to prevent people from being drawn into terrorism. It also places an obligation on councils to ensure that a panel of persons is in place for its area to assess the extent to which identified individuals are vulnerable to being drawn into terrorism and, where appropriate, arrange for support to be provided.

[Guidance on Prevent Multi-Agency panels](https://www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance) (PMAP) is now available. When assessing referrals to such panels, councils and their partners should consider how best to align such assessments with adult protection legislation and guidance. It should be borne in mind that Counter-Terrorism vulnerabilities **must** be dealt with by PMAP and cannot be managed by other safeguarding processes: if need be, separate processes can run parallel to each other.

Where Domestic Abuse is a factor, the [Domestic Abuse (Scotland) Act 2018](https://www.legislation.gov.uk/asp/2018/5/contents/enacted) should be consulted. This legislation relates to partners or ex-partners and defines abusive behaviour as that which a reasonable person would consider likely to cause physical or psychological harm. Psychological harm includes fear, distress, or alarm.

# Being more vulnerable to harm

The third criteria point requires that because the adult is affected by disability, mental disorder, illness, or physical or mental infirmity they are more vulnerable to being harmed than adults who are not so affected. Physical or mental infirmity are distinct from disability and mental disorder, and are not defined in the Act.

Infirmity is defined as a “[physical or mental weakness](https://dictionary.cambridge.org/dictionary/english/infirmity)”. Infirmity does not, therefore, necessarily rely upon a medical diagnosis in the way that mental disorder or illness do.

**To note:** It is recognised that “infirmity” is a term that is no longer favoured when describing disability.

Having a particular condition or being a disabled person does not automatically mean someone is unable to safeguard their own wellbeing.

“Illness” can apply to physical or mental health. The impact of illness on an individual’s ability to safeguard themselves, and the extent to which it makes them more vulnerable to harm, must be considered. Depending upon the nature and trajectory of an illness, the assessment of this criterion of the three-point criteria may change over time.