
Chapter Three:

Common Indicators of Elder Abuse

What's in this Chapter:

- **Recognizing the Indicators of Abuse**
- **Alphabetical List of Indicators**
- **Abuse Indicators by Type and Kind of Abusive Activity**
- **Behaviours by Senior and Abuser as Abuse Indicators**

RECOGNIZING THE INDICATORS OF ABUSE

It is vital that service providers be alert for possible indicators/signs of elder abuse and be prepared to explore the cause of them – especially when two or more are found. The presence of even one indicator should be considered an alert that your client is possibly being abused. **However, a “sign” or “indicator” of abuse may also be caused by an older person’s health condition, medication, or current situation.** For instance, a bruise does not always signify assault as some seniors experience minor bruising from skin changes due to aging or as a result from cardiac medications. Indicators are not necessarily proof of abuse, but they should prompt further investigation into the senior’s situation.

ALPHABETICAL LIST OF INDICATORS

The following indicators, **especially when found in combination**, should alert a service provider to the possibility that a senior may be a victim of abuse and/or neglect. In addition, some of these indicators may reflect more than one kind of abuse.

A

Activity level, decreased
Agitation
Anger
Appearance, unkempt
Appetite change
Attitude change
Assets transferred from senior to others

B

Balance, poor

Bed bugs
Bed sores
Bones, unset broken
Bruises

C

Cheeks, sunken
Cheques frequently made out to “cash”
Clothes, inappropriate for climate
Clothes, soiled
Confusion
Cracked lips

D

Defensive
Deference to abuser
Dehydrated
Depression
Detached retina
Disorientated
Distracted
“Doctor shopping”, i.e. seeing a variety of physicians
Drowsiness

E

Emaciated
Evasiveness
Eye contact, lack of
Eyes, sunken

F

Fatigue

Fearfulness, particularly in presence of abuser

Fecal impaction

Food, lack of

Fractures

G

Gag marks

Genital area, refusal to be washed in

Genital exam, refusal to have

Genital infections

Genital pain

Grip marks

H

Hand injuries

Head injuries

Health deterioration

Hopelessness, feeling of

House sale, forced

Hygiene, poor

Hyperthermia

Hypothermia

I

Incoherence

Infant/child accessories around senior, eg., hair ribbons, baby books, bottles

Insomnia

Isolation from other family members, friends, etc.

J, K, L

Laboratory findings, abnormal

Legal documents, senior signs without understanding significance

Lice

Listlessness

Living conditions poor in comparison to senior's assets

Living conditions worse than those of others in home

Locks on refrigerator or cupboards

M, N

Malnourished

Medical Aids, lack of – such as hearing aids, canes, etc.

Medical appointments, missed

Mobility, decreased

Money, discrepancy between known income and ability to
pay expenses

Money, lack of

Money, refusal to spend without agreement of abuser

Money, sudden or unexplained withdrawals from accounts

Mouth sores

Muscle contractions, immobility, weakness

Nails, uncut

O

Odour, unpleasant

P, Q

Pain on touching

Pallor

Passivity

“Pharmacy shopping” – obtains medications from numerous different pharmacies

Possessions, unexplained disappearance of

Psychosomatic complaints (complaints of problems that are caused or aggravated by stress)

Punctures

R

Restlessness

Restricted movement

Rope marks

S

Safety features in home, lack of

Scalp injuries

Scars

Scratches

Self-blame

Self-esteem/self confidence, low

Shame

Signatures on documents/cheques do not resemble senior’s

Sleeping difficulty

Sleeping excessively

Speech, hesitant or inaudible

Sprains

Stories, implausible – especially when explaining cause of injuries

Supervision, lack of required

T

Tearfulness

Teeth or dentures, broken or lost
Therapeutic response, reduced

U, V

Uncontrolled hypertension, asthma, or other medical condition affected by stress

Underwear torn or stained

Unpaid bills, unexplained

Unresponsive emotionally

Unshaven

Urinary tract infections, frequent urine burns

W, X, Y, Z

Walking or sitting with difficulty

Weight change

Welts

Will change – such as, leaving assets to someone unexpected

Withdrawal

ABUSE INDICATORS BY TYPE AND KIND OF ABUSIVE ACTIVITY¹

Physical Abuse

Abusive Activity

Assault (eg., hitting, slapping, pushing, burning, pulling hair, shaking, choking, pinching)

Possible Indicators

- “Doctor shopping” – obtains treatment from a variety of physicians to avoid detection
- Depression
- Uncontrolled hypertension, asthma, or other medical condition affected by stress
- Unexplained (or explanation inconsistent with evidence):
 - Bruises, welts, scratches, swelling, lacerations, pain on touching, scars
 - Scalp injuries
 - Hand injuries
 - Punctures, fractures, sprains
 - Restricted movement, repeated falls
- Broken bones (often unset) or fractures
- Broken teeth or dentures
- Internal injury, detached retina
- Wounds

Physical Abuse con't

Abusive Activity Sexual assault	Possible Indicators <ul style="list-style-type: none">• Genital infections• Frequent urinary tract infections• Pain, bruising, bleeding in genital area• Refusal to be washed in genital area• Difficulty in walking or sitting• Torn or stained underwear
Abusive Activity Physical restraint or rough handling	Possible Indicators <ul style="list-style-type: none">• Rope or gag marks on neck, wrists, or ankles
Abusive Activity Physical coercion (eg., forced feeding, cold showers)	Possible Indicators <ul style="list-style-type: none">• Grip marks (bruising shaped like finger and thumb prints)• Hypothermia or hyperthermia

Physical Abuse con't

Abusive Activity

Medication abuse

(withholding necessary medication; over-medicating; giving non-prescribed or over-the-counter medications; or stealing a senior's medications)

Possible Indicators

- Drowsiness
- Hyperactivity
- Incoherence/Confusion
- Poor balance
- Abnormal clinical or laboratory findings from blood/urine tests, etc.
- Reduced beneficial response from medications
- "Pharmacy shopping" – obtains medications from numerous different pharmacies to avoid detection

Psychological Abuse

Abusive Activity	Possible Indicators
<ul style="list-style-type: none">• Ignoring• Scolding or shouting• Threatening• Intimidation• Infantilization (treating like a child)• Emotional deprivation• Isolation• Removal of decision-making power• Silent treatment• Invading privacy• Embarrassing	<p>For all forms:</p> <p>Senior</p> <ul style="list-style-type: none">• Low self-esteem, shame, self-blame• Agitation, irritation• Difficulty sleeping or needs excessive sleep• Withdrawal, passivity, resignation (eg., lack of eye contact)• Tearfulness• Depression• Feelings of hopelessness/helplessness• Unexplained fearfulness, particularly in the presence of the abuser (eg., trembling, clinging)• Significant change in weight• Change in outlook• Exclusion from family gatherings with the intention of isolating from possible supports• No visitors/outings• Lack of privacy in home

Psychological Abuse con't

Abusive Activity

- Ignoring
- Scolding or shouting
- Threatening
- Intimidation
- Infantilization (treating like a child)
- Emotional deprivation
- Isolation
- Removal of decision-making power
- Silent treatment
- Invading privacy
- Embarrassing

Possible Indicators

For all forms:

Senior con't

- Ribbons in hair, toys, or other child accessories around senior
- Deference to the abuser (eg., waits for the abuser to respond to all the questions)
- Implausible stories
- Evasiveness, denial
- Anger
- Disorientation, confusion
- Psychosomatic complaints (complaints of problems that are caused or aggravated by stress)
- Uncontrolled hypertension, asthma, or other medical condition affected by stress

Abuser

- Has minimal contact with older person
- Is impatient with procedures/ staff when senior requires care
- Ignores needs/rights of senior (eg., makes decisions for senior without consulting him/her)

Financial Abuse

Abusive Activity	Possible Indicators
<ul style="list-style-type: none">• Theft of money and property• Misuse of money and property• Withholding funds• Fraud• Extortion• Failure to return unused funds after running errands for senior• Identity theft	<p>For all forms:</p> <ul style="list-style-type: none">• Unexplained or sudden inability to pay bills• Unexplained or sudden withdrawal of money from accounts• Poor living conditions in comparison to senior’s assets• Refusal to spend money without agreement of the abuser• No money/food/clothes• Absence of required aids (eg., glasses, hearing aid, dentures)• Unexplained disappearance of senior’s possessions• Lack of receipts/accounting for money that has been spent by others “on behalf of” senior• Senior has signed a legal document without understanding the significance of it• A will is changed, leaving assets to someone unexpected• Signatures on documents and cheques do not resemble senior’s• Cheques frequently made out to “cash”

Financial Abuse con't

Abusive Activity	Possible Indicators
<ul style="list-style-type: none">• Theft of money and property• Misuse of money and property• Withholding funds• Fraud• Extortion	<p>For all forms:</p> <ul style="list-style-type: none">• Senior overcharged for services• Assets transferred to others• Forced to sell house• Only gets visitors on days when cheques arrive in the mail• Depression

Neglect

Abusive Activity	Possible Indicators
<ul style="list-style-type: none">• Withholding or inadequate provision of physical requirements (eg. food, housing, heat, clothing, physical aids, regular access to a toilet)	<ul style="list-style-type: none">• Malnourished, dehydrated, mouth sores, cracked lips• Insomnia, fatigue, listlessness• Pallor, sunken eyes, cheeks• Hypothermia or hyperthermia• Fecal impaction• Muscle contractions, immobility, weakness• Uncontrolled hypertension, asthma, or other medical condition affected by stress• Senior lives in worse conditions than others in home; confined to own room or a designated area

Neglect con't

Abusive Activity <ul style="list-style-type: none">• Withholding or inadequate provision of physical requirements (con't)	Possible Indicators <ul style="list-style-type: none">• Lack of required medical aids (hearing aids, canes, etc.)• Locks on refrigerator or cupboards
Abusive Activity <ul style="list-style-type: none">• Inadequate hygiene	Possible Indicators <ul style="list-style-type: none">• Unkempt appearance, open skin sores• Uncut nails, unshaven• Soiled linen/clothes• Unpleasant odour• Urine burns• Lice
Abusive Activity <ul style="list-style-type: none">• Inadequate supervision/safety procedures	Possible Indicators <ul style="list-style-type: none">• Left alone though assistance/supervision required
Abusive Activity <ul style="list-style-type: none">• Withholding medical/social services	Possible Indicators <ul style="list-style-type: none">• Missing medical appointments or not receiving services at all

BEHAVIOURS BY SENIOR AND ABUSER AS ABUSE INDICATORS

Observation of the following behaviours/responses should trigger further assessment of a senior's situation:

Behaviour of Senior

- Provides an explanation of injury or condition that is vague or not consistent with type or degree
- Postpones seeking (or refuses to seek) medical treatment
- Gives history of seeking medical attention from a variety of doctors/treatment centres
- Gives information reluctantly or waits for abuser to supply answers
- Avoids physical/verbal contact with abuser/professional
- Emotion/affect is agitated, angry, anxious, dejected, fearful, flat, humiliated, overly quiet, resigned, unresponsive
- Speech is hesitant, inaudible or unusually loud, unusually rapid or slow
- Body language: cringing, hands clenched, rigid, rocking, passive, avoids facial/eye contact with abuser or service provider

Behaviour of Possible Abuser

- Refuses to permit hospitalization/diagnostic tests or assessment by social worker
- Ignores senior's hospital admission (eg., doesn't visit) or is always there so the senior can't speak to a health professional alone

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- May refuse to participate in discharge planning to take senior home
 - Impatient with staff/procedures
 - Appears fatigued/stressed
 - “Blames” senior (eg., for incontinence, wandering, etc.)
 - Responds defensively when questioned: makes excuses, or is hostile, suspicious, irritable, demanding
 - Does not want senior interviewed alone
 - Excessively concerned or unconcerned about senior
 - Treats senior like a child or nonperson
 - Has minimal eye, facial, physical, or verbal contact with older person

Footnotes:

1. Adapted from: Ontario Association of Social Workers. (1992). *Elder Abuse: A practical handbook for service providers*. Toronto. p. 12-15

