

**Webinar Handout  
Indicators by Type of Abuse<sup>1</sup>**

<b>Type of Abuse</b>	<b>Indicators (Selected)</b>
<b>Physical Abuse</b>	<ul style="list-style-type: none"> <li>• Cuts, bruises, welts and injuries in varying stages of healing or on multiple planes of the body, patterned, clustered on the trunk from repeated shaking</li> <li>• Bone fractures, especially face and skull</li> <li>• Petechiae (red dots from broken capillaries) above neck (strangulation) and throughout body (suffocation)</li> <li>• Rope burns, ligature marks, or injuries from restraint</li> <li>• Bite marks</li> <li>• Burns (location and pattern may be significant)</li> <li>• Over- or under-use of medications</li> <li>• Untreated injuries or delayed seeking of medical care</li> <li>• Repeated changes of doctors and medical providers (doctor or hospital hopping)</li> <li>• Internal injuries</li> </ul>
<b>Sexual Abuse</b>	<ul style="list-style-type: none"> <li>• Difficulty walking or sitting</li> <li>• Genital itching or pain</li> <li>• Unexplained yeast, fungal or sexually transmitted infections</li> <li>• Bruises around breasts, inner thighs, or genitalia</li> <li>• Unexplained vaginal or anal bleeding</li> <li>• Torn, stained or bloody underwear or bedding</li> </ul>
<b>Emotional/Psychological Abuse</b>	<ul style="list-style-type: none"> <li>• Emotional distress or agitation</li> <li>• Depression or suicidal ideation</li> <li>• Hypervigilance in the presence of specific persons</li> <li>• Withdrawn, non-communicative, or non-responsive behaviors</li> <li>• Unusual or regressive behaviors (often attributed to dementia by abusers)</li> <li>• Residence is kept dark all the time</li> <li>• No radio, television, newspapers, or calendars for elder to use</li> <li>• No access to news and information</li> <li>• Isolated from family, friends, and activities</li> </ul>

<sup>1</sup> This chart is modified from Brandl, B., Dyer, CB, Heisler, CJ, Otto, JM, Stiegel, LA, & Thomas, RW (2007) Elder Abuse Detection and Intervention: A Collaborative Approach, Springer: NY, pp. 64-71

	<ul style="list-style-type: none"> <li>• Injured or missing pets</li> <li>• Personal items of significance damaged or missing</li> <li>• Self-mutilation</li> </ul>
<b>Financial Abuse/Exploitation</b>	<ul style="list-style-type: none"> <li>• Sudden changes in bank accounts or banking practices, including unexplained large withdrawals of money</li> <li>• Abrupt changes to wills, trusts, or other financial documents</li> <li>• Unexplained disappearance of funds or valuable possessions</li> <li>• Substandard or lack of care when the elder should be financially able to pay for such services</li> <li>• Unexplained sudden transfers of assets or property</li> <li>• Excessive interest by previously uninvolved family member or “new best friend” in the older person’s assets</li> <li>• Completion of documents or transactions that the elder does not understand or was rushed to complete</li> <li>• Missing mail</li> <li>• Unpaid bills or notice of utility shut off, eviction or foreclosure</li> <li>• Unexplained redirection of mail to a new address which is not the victim’s</li> </ul>
<b>Caregiver Neglect</b>	<ul style="list-style-type: none"> <li>• Missing care provider</li> <li>• Dehydration</li> <li>• Malnutrition</li> <li>• Hyperthermia or hypothermia</li> <li>• Hazardous or unsafe living environment</li> <li>• Inadequate or inappropriate clothing</li> <li>• Absence of needed glasses, hearing aids, dentures, prostheses, or assistive devices</li> <li>• Unexplained deterioration of health</li> <li>• Untreated medical problems, including pressure ulcers</li> <li>• “Failure to thrive”</li> <li>• Lack of routine medical care and/or medications</li> <li>• Changes in medical routine including number and regularity of appointments, changes in longtime doctors</li> </ul>
<b>Abandonment</b>	<ul style="list-style-type: none"> <li>• Missing caregiver</li> </ul>

	<ul style="list-style-type: none"> <li>• Cognitively impaired person left in a hospital, mall, hotel, roadway, or other public place without identification or caregiver contact information</li> <li>• Confused elder placed on public transportation with one way ticket out of area</li> </ul>
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### Indicators of Abuse In Long Term Care Facilities<sup>2</sup>

Category	Indicator
<b>Medical</b>	<ul style="list-style-type: none"> <li>• Injuries that do not match the explanation of how they were sustained</li> <li>• Untreated medical conditions or injuries</li> <li>• Overmedication or sedation to control resident behavior</li> <li>• Inappropriate use of restraints without medical orders, for longer than authorized, or for punishment</li> <li>• Significant weight loss without explanation, medical review, or efforts to intervene</li> </ul>
<b>Financial</b>	<ul style="list-style-type: none"> <li>• Missing personal items such as jewelry, clothing, dentures, hearing aids, and personal mementos</li> <li>• Unpaid bills for resident care</li> </ul>
<b>Facility Management Issues</b>	<ul style="list-style-type: none"> <li>• Consistent understaffing</li> <li>• Lack of staff training on proper care of residents</li> <li>• Facility and residents dirty, malodorous</li> <li>• Residents locked in rooms</li> </ul>

### Behavioral Indicators by Victims and Perpetrators

Victims and perpetrators may be provide important clues about what has occurred. Even if the victim cannot or will not verbally disclose what has happened to them, they may provide corroborative information through their demeanor and behavior. Similarly, the same information for the perpetrator may provide important information about the nature of the relationship with the victim, power dynamics, defenses, and intent.

Documenting this information will be helpful in understanding why a victim did not report previously, why they recant, the nature of the relationship between the parties, and serve as basis for attorneys to lay a foundation for the admission of statements that might otherwise be objectionable.

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<sup>2</sup> Some items modified from Brandl, B., Dyer, CB, Heisler, CJ, Otto, JM, Stiegel, LA, & Thomas, RW (2007) Elder Abuse Detection and Intervention: A Collaborative Approach, Springer: NY, p. 70.

The following chart<sup>3</sup> describes behaviors that may be observed on initial contact or during follow up interviews:

Victim Behavioral Indicators	Perpetrator Behavioral Indicators
<ul style="list-style-type: none"> <li>• Implausible explanations for what has occurred</li> <li>• Unexplained behavior changes such as a person with advanced dementia who hides under a bed, tries to flee from a residence, refuses to be bathed when s/he or had done so willingly previously, or changes in demeanor when a certain person enters room</li> <li>• Regressive behaviors such as curling up in the fetal position, rocking, biting, or sucking fingers</li> <li>• Agitation</li> <li>• Victim unaware that others have attempted to contact them</li> <li>• Depression or unexpected sadness</li> <li>• Defers to the perpetrator when contacted by professionals</li> <li>• Missed appointments, late seeking of medical care, or not seeking medical care when care is obviously needed</li> <li>• Changes in sleep patterns, sleep disturbances, or sleeplessness</li> <li>• Coded disclosures in which the person hints at what has occurred. (E.g., an elderly woman called a hotline and asked if she could be pregnant. A forensic medical examination and a criminal investigation established she had been sexually assaulted by her son.)</li> </ul>	<ul style="list-style-type: none"> <li>• Acting overly attentive towards the victim</li> <li>• Minimizing what has occurred</li> <li>• Offering implausible explanations for what has occurred</li> <li>• Preventing third parties from meeting alone with the victim</li> <li>• Interfering with or sabotaging existing relationships between the victim and others</li> <li>• Cutting off outside contact with the victim by removing telephones and television, refusing to take to religious services and other observances, etc.</li> <li>• Speaking for the victim; speaking over the victim; repeatedly interrupting the victim</li> <li>• Denying the victim access to health care or other needs</li> <li>• Using non-verbal signals with the victim</li> <li>• Objectifying the victim, treating them as a child, or viewing them as a child</li> </ul>

For more information about perpetrators, see *Elder Abuse Guide for Law Enforcement (EAGLE)*, <https://eagle.usc.edu/law-enforcement-resources/recognizing-abusers/#1520543994972-06501da6-b103>.

<sup>3</sup> Modified from *Judges Guide: Abuse in Later Life* (California 2015), Chapter 5, Risk Factors and Indicators of Elder Abuse, available at <http://www2.courtinfo.ca.gov/protem/pubs/dv-elders.pdf>.

## Webinar Handout

### Forms of Abuse By Definition and Possible Crimes

Abuse	“causing any physical, mental or sexual injury to an eligible adult, including exploitation of such adult's financial resources, and abandonment...”	Abuse of an Elderly or Disabled Person Assault offenses, including homicide Battery offenses Sexual abuse Domestic (family) abuse offenses
Abandonment	“the desertion or willful forsaking of an eligible adult by an individual responsible for the care and custody of that eligible adult under circumstances in which a reasonable person would continue to provide care and custody.”	Neglect of an Elderly or Disabled Person
Neglect	“another individual's failure to provide an eligible adult with or willful withholding from an eligible adult the necessities of life including, but not limited to, food, clothing, shelter or health care. This subsection does not create any new affirmative duty to provide support to eligible adults”.	Neglect of an Elderly or Disabled Person
Financial Exploitation	“the use of an eligible adult's resources by another to the disadvantage of that adult or the profit or advantage of a person other than that adult”.	Financial Exploitation Of An Elderly Or Disabled Person Theft Deceptive Practices Forgery Home Repair Fraud Consumer Fraud/Deceptive Business Practice
Emotional Abuse	“ verbal assaults, threats of maltreatment, harassment, or intimidation intended to compel the older person to engage in conduct from which she or he wishes and has a right to abstain, or to refrain from conduct in which the older person wishes and has a right to engage.” (IL Law Enforcement Protocol for Elder Abuse)	Harassment by Telephone Intimidation Stalking Violation of a Protective Order Criminal Damage to Property Animal Cruelty
Sexual Abuse	“Touching, fondling, sexual threats, sexually inappropriate remarks, or any other sexual activity with an older person when the older person is unable to understand, unwilling to consent, or is threatened or physically forced to engage in sexual behavior.” (IL Law Enforcement Protocol for Elder Abuse)	Sexual Relations within Families Criminal Sexual Assault Aggravated Criminal Sexual Assault Criminal Sexual Abuse Aggravated Criminal Sexual Abuse

## Forms of Abuse Definitions and Possible Crimes

Form of Abuse	APS Act Definition	Possible Crimes
Abuse	“causing any physical, mental or sexual injury to an eligible adult, including exploitation of such adult's financial resources, and abandonment...”	Abuse of an Elderly or Disabled Person Assault offenses, including homicide Battery offenses Sexual abuse Domestic (family) abuse offenses
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Sexual Abuse	<p>“Touching, fondling, sexual threats, sexually inappropriate remarks, or any other sexual activity with an older person when the older person is unable to understand, unwilling to consent, or is threatened or physically forced to engage in sexual behavior.” (IL Law Enforcement Protocol for Elder Abuse)</p>	<p>Sexual Relations within Families Criminal Sexual Assault Aggravated Criminal Sexual Assault Criminal Sexual Abuse Aggravated Criminal Sexual Abuse</p>
Self-Neglect	<p>“a condition that is the result of an eligible adult's inability, due to physical or mental impairments, or both, or a diminished capacity, to perform essential self-care tasks that substantially threaten his or her own health, including: providing essential food, clothing, shelter, and health care; and obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety. The term includes compulsive hoarding, which is characterized by the acquisition and retention of large quantities of items and materials that produce an extensively cluttered living space, which significantly impairs the performance of essential self-care tasks or otherwise substantially threatens life or safety.”</p>	

## ADLs and IADLs

### Activities of Daily Living (ADLs)

The basic ADL include the following categories:

- Ambulating: The extent of an individual's ability to move from one position to another and walk independently.
- Feeding: The ability of a person to feed oneself.
- Dressing: The ability to select appropriate clothes and to put the clothes on.
- Personal hygiene: The ability to bathe and groom oneself and to maintaining dental hygiene, nail and hair care.
- Continence: The ability to control bladder and bowel function
- Toileting: The ability to get to and from the toilet, using it appropriately, and cleaning oneself.

### Instrumental Activities of Daily Living (IADLs)

The instrumental ADLs are those that require more complex thinking skills, including organizational skills.

- Transportation and shopping: Ability to procure groceries, attend events Managing transportation, either via driving or by organizing other means of transport.
- Managing finances: This includes the ability to pay bills and managing financial assets.
- Shopping and meal preparation. i.e., everything required to get a meal on the table. It also covers shopping for clothing and other items required for daily life.
- Housecleaning and home maintenance. Cleaning kitchens after eating, maintaining living areas reasonably clean and tidy, and keeping up with home maintenance.
- Managing communication with others: The ability to manage telephone and mail.
- Managing medications: Ability to obtain medications and taking them as directed.

Source: Edemekong, PF, Bomgaars, DL, Sukumaran, S, & Levy, SB (2020) Activities of Daily Living (ADLs), available at <https://www.ncbi.nlm.nih.gov/books/NBK470404/#article-17137.s1>



DEPARTMENT OF JUSTICE

# Elder Justice INITIATIVE

You're **fighting elder abuse**  
on the front lines.  
*We've got your back.*



Federal, state and local law enforcement officers play a unique and critical role in our response to the crimes of elder abuse and financial exploitation. **The Department of Justice provides resources to help law enforcement officers in many divisions respond effectively to cases involving elder abuse.**



# Here's How We Can Help

## National Elder & Dependent Adult Abuse Community

The National Elder & Dependent Adult Abuse Community is an online forum hosted by the California District Attorneys Association (CDA) on its Sidebars platform, where prosecutors and investigators from across the country can come together and collaborate on issues involving elder abuse prosecution. Community membership includes: Online Discussions, Resource Library, Announcements, and Responsive Format. To join the community email: [emartinelli@cdaa.org](mailto:emartinelli@cdaa.org)

## Tools



### **EAGLE (Elder Abuse Guide for Law Enforcement)**

Web module for law enforcement to better respond to elder abuse, quickly locate resources, and engage in training activities.

### **SAFTA (Senior Abuse Financial Tracking and Accounting Tool)**

SAFTA is an easy-to-use tool that provides a simplified method for identifying suspicious financial patterns to facilitate financial exploitation prosecution.

## Training



### **Identifying and Responding to Elder Abuse: An Officer's Role**

Series of six roll call videos designed for patrol officers to quickly recognize and respond to various types of elder abuse.

### **EJI Law Enforcement Webinars**

The Elder Justice Initiative (EJI) has a series of elder abuse webinars specifically for law enforcement.

### **COPS Office Podcasts**

Three 5-minute podcasts on the role of law enforcement in elder abuse cases, collecting evidence in physical, sexual and neglect cases, and recognizing that financial exploitation is a crime.

### **Responding to Elder Abuse: What Law Enforcement Should Know**

A 15-minute video describing what law enforcement needs to know about elder abuse.

## Seminars



### **NW3C Financial Crimes Against Seniors Seminars**

Seminars are scheduled across the country. Additional trainings may be available upon request.

## Guides



### **Legal Issues Related to Elder Abuse: A Pocket Guide for Law Enforcement**

A comprehensive guide for law enforcement responding to elder abuse, including a list of alternative charges and legal terms law enforcement needs to know.

### **Physical and Emotional Abuse of the Elderly Problem-Oriented Guide for Police**

A 64-page guide for law enforcement on responding to physical and emotional abuse of the elderly.

## Websites and Resources



### **Elder Justice Website- Law Enforcement Page**

Designed for law enforcement, this webpage provides information and training to more effectively respond to crimes against older adults.

### **Rural and Tribal Elder Justice Resource Guide**

This guide presents resources for law enforcement (pp. 22-23), as well as resources for community outreach (pp. 30-38).

### **Read Elder Abuse Stories**

EJI has compiled a list of elder abuse stories that describe various forms of elder abuse.



For more information on the resources, please email [elder.justice@usdoj.gov](mailto:elder.justice@usdoj.gov)