

SENGSTOCK-HWALEK
Comprehensive Index
of
Elder Abuse



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SENGSTOCK-HWALEK
COMPREHENSIVE INDEX
OF ELDER ABUSE

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CASE
ASSESSMENT

CLIENT
INFORMATION

ABUSER
INFORMATION

SERVICES

PHYSICAL
ABUSE

PHYSICAL
NEGLECT

PSYCH.
ABUSE

PSYCH.
NEGLECT

MATERIAL
ABUSE

VIOLATION OF
RIGHTS

CASE ASSESSMENT/MANAGEMENT INFORMATION

CLIENT'S NAME _____

AGENCY NAME: _____

ADDRESS: _____

STREET

COUNTY

CITY

STATE

ZIP CODE

TELEPHONE NUMBER: () _____

DESCRIPTIONS OF ENCOUNTERS:

ENCOUNTER #1:

DATE	WORKER OBTAINING INFORMATION
List sources of information present: _____	

ENCOUNTER #2:

DATE	WORKER OBTAINING INFORMATION
List sources of information present: _____	

ENCOUNTER #3:

DATE	WORKER OBTAINING INFORMATION
List sources of information present: _____	

ENCOUNTER #4:

DATE	WORKER OBTAINING INFORMATION
List sources of information present: _____	

CASE ASSESSMENT/MANAGEMENT INFORMATION (CONTINUED) CLIENT'S NAME _____

CASE ASSESSMENT

ENCOUNTER #5:

 DATE WORKER OBTAINING INFORMATION
 List sources of information present: _____

ENCOUNTER #6:

 DATE WORKER OBTAINING INFORMATION
 List sources of information present: _____

ENCOUNTER #7:

 DATE WORKER OBTAINING INFORMATION
 List sources of information present: _____

ENCOUNTER #8:

 DATE WORKER OBTAINING INFORMATION
 List sources of information present: _____

CLIENT INFORMATION
 ABUSER INFORMATION
 SERVICES
 PHYSICAL ABUSE
 PHYSICAL NEGLECT
 PSYCH. ABUSE
 PSYCH. NEGLECT
 MATERIAL ABUSE
 VIOLATION OF RIGHTS

OUTCOME WHEN CASE IS CLOSED:

- | | |
|--|--|
| <input type="checkbox"/> Case safe & stable | <input type="checkbox"/> Client refuses assessment |
| <input type="checkbox"/> Client refuses access | <input type="checkbox"/> Abuser refuses access |
| <input type="checkbox"/> Refuses further assistance | <input type="checkbox"/> Moved out of area |
| <input type="checkbox"/> Entered long-term care facility | <input type="checkbox"/> Entered hospital |
| <input type="checkbox"/> Referred elsewhere | <input type="checkbox"/> Client deceased |
| <input type="checkbox"/> Criminal prosecution of abuser | <input type="checkbox"/> Other: _____ |

CLIENT INFORMATION

CLIENT'S NAME

CLIENT'S NAME: _____ SOC. SEC. NO.: _____

ADDRESS: _____ STREET _____ COUNTY _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER: () _____ DATE OF BIRTH: _____ / _____ / _____
MONTH DAY YEAR

SEX: Male Female

RACE: White Spanish American
 Black Oriental
 Asian Other: _____

MARITAL STATUS: Married/Live in Partner Divorced/Separated
 Widowed Never Married

APPROXIMATE TOTAL HOUSEHOLD INCOME: \$ _____ (per year)

CLIENT HEALTH PROBLEMS: No functional impairment Vision problems
 Speech problems Disoriented
 Hearing problems Non-ambulatory

TYPE(S) OF ABUSE SUSPECTED: Physical Abuse Physical Neglect
 Psychological Abuse Psychological Neglect
 Material Abuse Violation of Personal Rights

TYPE(S) OF ABUSE SUBSTANTIATED: Physical Abuse Physical Neglect
 Psychological Abuse Psychological Neglect
 Material Abuse Violation of Personal Rights

LIVING ARRANGEMENTS: Lives alone Lives with spouse/live in partner
 Lives with other relatives Lives with non-relatives
 Lives in institution Lives in foster care home

CLIENT'S CARE SITUATION:

PERSONAL CARE	FINANCIAL CARE
<input type="checkbox"/> No need for assistance	<input type="checkbox"/> No need for assistance
<input type="checkbox"/> Has informal/unlicensed caretaker	<input type="checkbox"/> Has informal assistance
<input type="checkbox"/> Has formal/licensed caretaker	<input type="checkbox"/> Has formal assistance:
<input type="checkbox"/> Has legal guardian	<input type="checkbox"/> Conservator
	<input type="checkbox"/> Representative payee
	<input type="checkbox"/> 3rd party payee

CLIENT IN IMMEDIATE DANGER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WORKER IN IMMEDIATE DANGER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THIS A CASE OF SELF-ABUSE/NEGLECT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES CLIENT HAVE ADEQUATE SOCIAL SUPPORT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CLIENT ALREADY RECEIVING AGING NETWORK SERVICES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CLIENT INFORMATION (CONTINUED)

CLIENT'S NAME _____

CASE ASSESSMENT

CLIENT INFORMATION

ABUSER INFORMATION

REPORT SOURCE:

- | | |
|---|--|
| <input type="checkbox"/> Alleged Victim | <input type="checkbox"/> Child |
| <input type="checkbox"/> Alleged Abuser | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Caretaker (non-relative) |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Housemate / Roommate (non-relative) |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Anonymous |
| <input type="checkbox"/> Professional _____ | (SPECIFY TITLE) |
| <input type="checkbox"/> Paraprofessional _____ | (SPECIFY TITLE) |
| <input type="checkbox"/> Other _____ | (SPECIFY TITLE) |

PSYCHOLOGICAL WELL-BEING

INDICATIONS OF ANXIETY OR DEPRESSION

ENCOUNTER NUMBER

FACIAL FEATURES:

	1	2	3	4	5	6	7	8
Averts gaze from suspected abuser								
Averts gaze from other(s)								
No expression on face								
Downcast eyes								
No smile								
Short "yes" or "no" answers to questions								

BODY FEATURES:

	1	2	3	4	5	6	7	8
Turns away from suspected abuser								
Turns away from others								
Leans backward								
Slow in responding								
Withdrawn from social interactions								

OTHER INDICATIONS:

	1	2	3	4	5	6	7	8
Weight loss with no physical illness								

INDICATIONS OF POSSIBLE MENTAL HEALTH PROBLEMS

	1	2	3	4	5	6	7	8
Confusion								
Slurred speech								
Unsteady gait								
Sleep problems								
Dilated pupils								
Eating problems								
Presence of several medication containers								
Presence of several alcohol bottles								
Previous history of substance abuse								
Previous history of alcoholism								
Other _____								

SERVICES

PHYSICAL ABUSE

PHYSICAL NEGLECT

PSYCH. ABUSE

PSYCH. NEGLECT

MATERIAL ABUSE

VIOLATION OF RIGHTS

INFORMATION ABOUT SUSPECTED ABUSER

CLIENT'S NAME _____

ABUSER #1 NAME: _____ SOC. SEC. #: _____

ADDRESS: _____

STREET

COUNTY

CITY

STATE

ZIP CODE

PHONE NUMBER: _____ DATE OF BIRTH _____ / _____ / _____

MONTH

DAY

YEAR

SEX: Male Female RACE: White Black Asian Sp. American Other

MARITAL STATUS: Married/Live in Partner Widowed
 Divorced/Separated Never Married

APPROXIMATE TOTAL INCOME OF ABUSER: \$ _____, _____

ABUSER'S RELATIONSHIP TO VICTIM:

NON-INSTITUTIONAL

INSTITUTIONAL

- | | | | |
|---|--|--|--------------------------------|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Another Patient | <input type="checkbox"/> Physician | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Child | <input type="checkbox"/> Visitor – Relative | <input type="checkbox"/> Administrator | <input type="checkbox"/> Aide |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Visitor – Non-Relative | <input type="checkbox"/> Social Worker | |
| <input type="checkbox"/> Other Relative | <input type="checkbox"/> Activity Director | <input type="checkbox"/> Volunteer | |
| <input type="checkbox"/> Non-Relative | <input type="checkbox"/> Other: _____
(SPECIFY) | | |

SHIFT: AM PM MIDNIGHT

ABUSER #2 NAME: _____ SOC. SEC. #: _____

ADDRESS: _____

STREET

COUNTY

CITY

STATE

ZIP CODE

PHONE NUMBER: _____ DATE OF BIRTH: _____ / _____ / _____

MONTH

DAY

YEAR

SEX: Male Female RACE: White Black Asian Sp. American Other

MARITAL STATUS: Married/Live in Partner Widowed
 Divorced/Separated Never Married

APPROXIMATE TOTAL INCOME OF ABUSER: \$ _____, _____

ABUSER'S RELATIONSHIP TO VICTIM:

NON-INSTITUTIONAL

INSTITUTIONAL

- | | | | |
|---|--|--|--------------------------------|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Another Patient | <input type="checkbox"/> Physician | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Child | <input type="checkbox"/> Visitor – Relative | <input type="checkbox"/> Administrator | <input type="checkbox"/> Aide |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Visitor – Non-Relative | <input type="checkbox"/> Social Worker | |
| <input type="checkbox"/> Other Relative | <input type="checkbox"/> Activity Director | <input type="checkbox"/> Volunteer | |
| <input type="checkbox"/> Non-Relative | <input type="checkbox"/> Other: _____
(SPECIFY) | | |

SHIFT: AM PM MIDNIGHT

INFORMATION ABOUT SUSPECTED ABUSER

CLIENT'S NAME _____

CASE ASSESSMENT

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PHYSICAL ABUSE

PHYSICAL NEGLECT

PSYCH. ABUSE

PSYCH. NEGLECT

MATERIAL ABUSE

VIOLATION OF RIGHTS

BEHAVIORAL PATTERN

ENCOUNTER NUMBER

	1	2	3	4	5	6	7	8
Appears to be cruel								
Refuses to discuss elder's situation								
Evasive regarding elder's condition								
Cannot be located after several tries								
Refuses needed services								
Uncooperative with worker/investigator								
Will not let worker alone with elder								
Will not let worker in home								
Will not let elder answer questions								
Has past history of abuse								
No reasonable explanation for illness or injury of elder								
Is well dressed but elder poorly dressed								

CAREGIVING ABILITY

IS THE SUSPECTED ABUSER ALSO THE CARETAKER? YES NO

IS CARETAKER ABLE TO PROPERLY CARE FOR ELDER? YES NO

Specify why:

	1	2	3	4	5	6	7	8
Appears mentally disturbed								
Appears disabled								
Lacks knowledge of proper caregiving								
Lacks knowledge of elder's medication								
Too emotionally close to elder								
Appears overworked								
Has no substitute caretaker								
Other: _____								

PSYCHOLOGICAL WELL-BEING

INDICATIONS OF POSSIBLE MENTAL HEALTH PROBLEMS

	1	2	3	4	5	6	7	8
Confusion								
Slurred speech								
Unsteady gait								
Sleep problems								
Dilated pupils								
Eating problems								
Presence of many medication containers								
Presence of several alcohol bottles								
Previous history of substance abuse								
Previous history of alcoholism								
Other: _____								

DOCUMENTATION OF SERVICES

CLIENT'S NAME _____

	NOT AVAILABLE REFUSED		AGENCY NAME	DATE BEGAN	DATE TERMINATED
INTEGRATIVE & SUPPORT SERVICES:					
CASE MANAGEMENT					
INVESTIGATION/ASSESSMENT					
INFORMATION & REFERRAL					
OUTREACH					
MATERIAL AID:					
FOOD/CLOTHING/MEDICINE					
ENERGY					
HOUSING:					
RELOCATION ASSISTANCE					
EMERGENCY SHELTER					
BOARDING HOME					
FOSTER CARE HOME					
OTHER: _____					
INSTITUTIONAL PLACEMENT:					
LTC FACILITY PLACEMENT ASST.					
CERTIFICATION (MEDICAID)					
ADM. TO LONG TERM CARE FACILITY					
MEDICAL SERVICES/THERAPIES:					
HEALTH SCREENING					
IN-PATIENT ACUTE CARE					
PHYSICIAN MD/DO					
OUT-PATIENT THERAPY					
MENTAL HEALTH SERVICES:					
COUNSELING (INDIV,FAMILY,GROUP)					
OUTPATIENT PSYCHIATRIC					
IN-PATIENT PSYCHIATRIC					
SUBSTANCE ABUSE					
CRISIS INTERVENTION					
OTHER: _____					
REHABILITATIVE SERVICES:					
NURSING					
OCCUPATIONAL THERAPY					
PHYSICAL THERAPY					
RESPIRATORY THERAPY					
SPEECH/AUDITORY THERAPY					
HOME HEALTH AIDE					
OTHER: _____					

DOCUMENTATION OF SERVICES (CONTINUED)

CLIENT'S NAME _____

	NOT AVAILABLE REFUSED		AGENCY NAME	DATE BEGAN	DATE TERMINATED
IN HOME ASSISTANCE:					
HOMEMAKER					
CHORE HOUSEKEEPING					
HOME REPAIR/MAINTENANCE					
SHOPPING ASSISTANCE					
SUPERVISION:					
COMPANION					
DAY CARE					
RESPIRE CARE					
OTHER: _____					
SOCIALIZATION:					
FRIENDLY VISITING					
TELEPHONE REASSURANCE					
SELF HELP/SUPPORT GROUP					
SENIOR CENTER					
OTHER: _____					
EDUCATION:					
JOB TRAINING					
HEALTH EDUCATION					
OTHER: _____					
NUTRITION:					
CONGREGATE MEALS					
HOME DELIVERED MEALS					
TRANSPORTATION:					
SPECIAL (SENIOR CITIZENS, HANDICAPPED)					
AMBULANCE					
ESCORT					
OTHER: _____					
LEGAL SERVICES:					
POLICE VISIT					
ORDER OF PROTECTION					
GUARDIANSHIP PREPARATION					
COURT WORK					
LEGAL COUNSEL FOR CLIENT					
OTHER: _____					
FINANCIAL ASSISTANCE/SERVICES:					
FINANCIAL COUNSELING					
FINANCIAL AID					
DIRECT DEPOSIT					
REPRESENTATIVE PAYEE					
OTHER: _____					

CASE ASSESSMENT
 CLIENT INFORMATION
 ABUSER INFORMATION
 SERVICES
 PHYSICAL ABUSE
 PHYSICAL NEGLECT
 PSYCH. ABUSE
 PSYCH. NEGLECT
 MATERIAL ABUSE
 VIOLATION OF RIGHTS

ENCOUNTER NUMBER

PHYSICAL INDICATORS

INJURIES: (Indicate Location on Chart)

	1	2	3	4	5	6	7	8
Cuts								
Bites								
Punctures								
Abrasions								
Bleeding								
Dislocations								
Bone Fractures								
Bruises								
Burns:								
Unusual type								
Rope								
Dry (ie. iron)								
Cigarette								
Other: _____								

PATTERN OF INJURIES:

	1	2	3	4	5	6	7	8
Repeated injuries								
Frequent injuries								
Unusually placed injuries								
Several occurring at one time								
At various stages of healing								
Bilateral on upper arms								
Clustered								
Injuries inflicted with familiar objects:								
Stick								
Board								
Belt								
Hairbrush								
Rope or cord								
Other: _____								

PHYSICAL ABUSE (CONTINUED)

CLIENT'S NAME _____

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PHYSICAL ABUSE

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PSYCH. NEGLECT

MATERIAL ABUSE

VIOLATION OF RIGHTS

BEHAVIORAL INDICATORS

ENCOUNTER NUMBER

VIOLENT ACTIONS AGAINST ELDER:

	1	2	3	4	5	6	7	8
Pushed or shoved								
Grabbed								
Shaken								
Slapped								
Punched								
Hit with an object								
Kicked								
Beaten								
Cut with a knife								
Shot with a gun								
Handled roughly								
Sexually assaulted								
Force fed								

PHYSICAL RESTRAINT – ELDER WAS:

	1	2	3	4	5	6	7	8
Tied to bed/chair without adequate documentation								
Gagged								
Locked in room								
Restrained without adequate padding								
Restrained because of confusion								
Restrained without medical order								
Restrained without first trying alternatives								
Restraints not periodically checked								

CHEMICAL RESTRAINT – ELDER WAS:

	1	2	3	4	5	6	7	8
Overmedicated:								
Number of medications of same type								
Large number of medications								
Overly frequent refill requests								
No evidence of medication review in 90 days								
Not checked for side effects of medication								
Given too much alcohol								
Given PRN medications without reason								

PSYCHOLOGICAL INDICATORS	ENCOUNTER NUMBER							
	1	2	3	4	5	6	7	8
PUNITIVE ATTITUDE OF SUSPECTED ABUSER:								
Feels s/he must punish elder								
Punishes more severely than intended								
Sees no alternative to punishment								

MEDICAL INDICATORS	MEDICAL EVIDENCE FROM RECORDS:							
	1	2	3	4	5	6	7	8
Presence of semen								
Skeletal injuries								
Hemorrhaging beneath scalp								
Subdural hematomas								
Retinal hemorrhages or detachment								
Doudenal or jejunal hematomas								
Rupture of inferior vena cava								
Peritonitis								
Internal injuries								
Toxicologic screen for overmedication								

EVIDENCE FROM CARE PLAN/ PATIENT HISTORY:	1	2	3	4	5	6	7	8
	Prolonged time between illness and medical care							
Uses several medical facilities/physicians								
No new lesions during hospitalization								
Injuries not mentioned in history								
Injuries incompatible with history								

INVESTIGATOR'S PERCEPTION OF SERIOUSNESS OF SYMPTOMS:
(CIRCLE ONE)

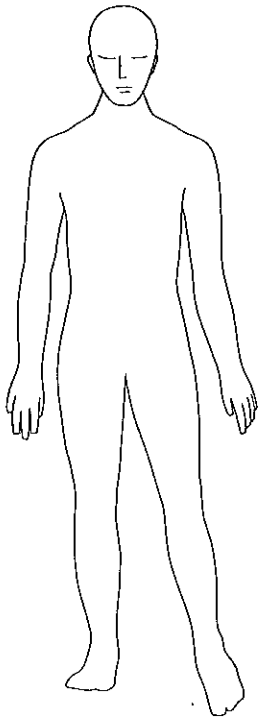
0 1 2 3 4 5 6 7
NOT AT ALL SERIOUS EXTREMELY SERIOUS

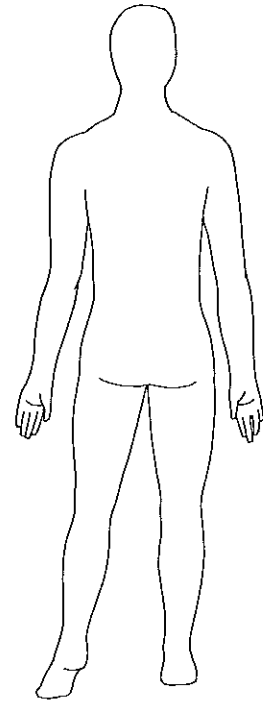
INVESTIGATOR'S PERCEPTION OF WILLFUL INFLICTION OF SYMPTOMS:
(CIRCLE ONE)

0 1 2 3 4 5 6 7
NOT AT ALL WILLFUL EXTREMELY WILLFUL

INJURY LOCATION CHART

CLIENT'S NAME _____

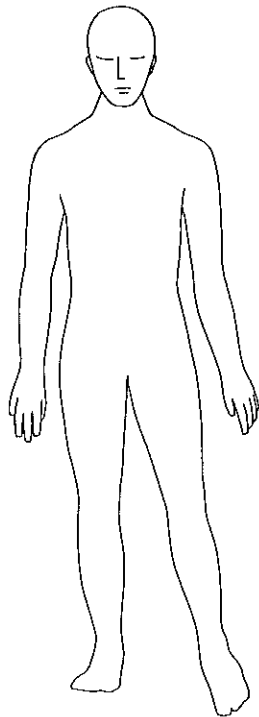


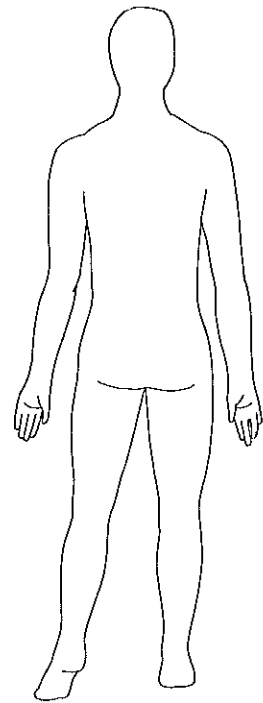


ENCOUNTER NUMBER _____

INTERVIEWER SIGNATURE _____

DATE _____





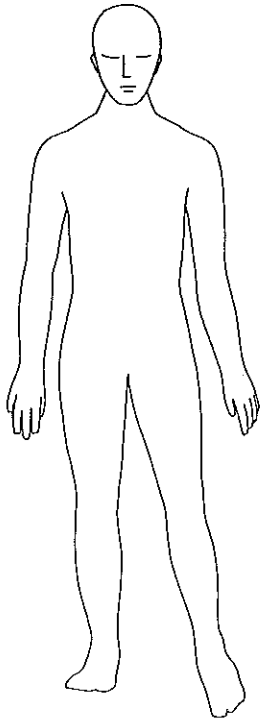
ENCOUNTER NUMBER _____

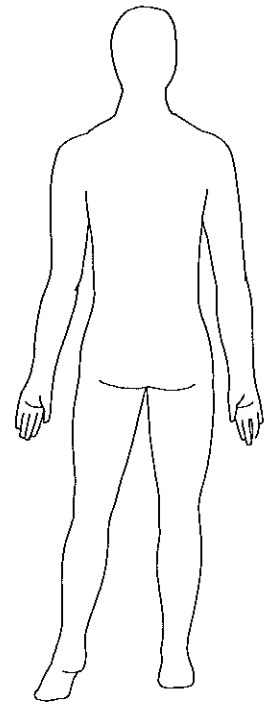
INTERVIEWER SIGNATURE _____

DATE _____

INJURY LOCATION CHART

CLIENT'S NAME _____

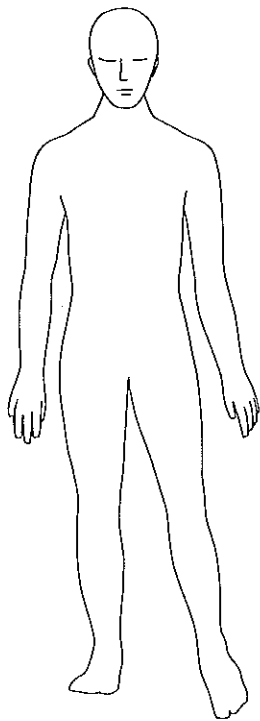


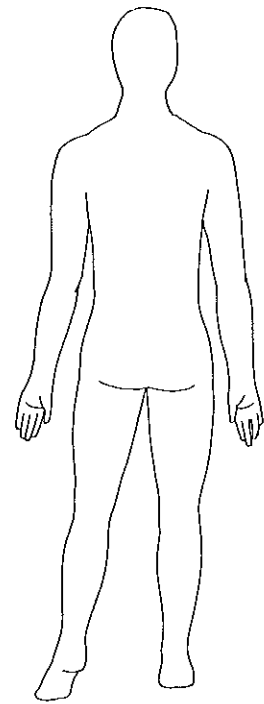


ENCOUNTER NUMBER _____ INTERVIEWER SIGNATURE _____ DATE _____

CASE ASSESSMENT
CLIENT INFORMATION
ABUSER INFORMATION
SERVICES

PHYSICAL ABUSE





ENCOUNTER NUMBER _____ INTERVIEWER SIGNATURE _____ DATE _____

PHYSICAL NEGLECT
PSYCH. ABUSE
PSYCH. NEGLECT
MATERIAL ABUSE
VIOLATION OF RIGHTS

PHYSICAL INDICATORS

ENCOUNTER NUMBER

GENERAL BODY FEATURES:	1	2	3	4	5	6	7	8
Odorous								
Not bathed								
Not fed								
Not receiving medical care								
Not receiving prescribed medication								
No walking aids when needed								

SKIN:	1	2	3	4	5	6	7	8
Abrasions								
Sores								
Insect bites								
Lesions								
Untreated bed sores								
Dirty								
Dry								
Rash								

NUTRITION:	1	2	3	4	5	6	7	8
Dehydrated (e.g. dry mouth)								
Malnourished (e.g. unexplainable weight loss)								
Hungry								

HAIR:	1	2	3	4	5	6	7	8
Uncut								
Unshaven								

MOUTH:	1	2	3	4	5	6	7	8
Decayed teeth								
No false teeth when needed								
Not receiving mouth care								

NAILS:	1	2	3	4	5	6	7	8
Overgrown toenails								
Overgrown fingernails								

EYES:	1	2	3	4	5	6	7	8
No glasses when needed								
Broken glasses								

EARS:	1	2	3	4	5	6	7	8
No hearing aid when needed								

PHYSICAL NEGLECT (CONTINUED)

CLIENT'S NAME _____

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ENCOUNTER NUMBER

CLOTHES:	1	2	3	4	5	6	7	8
Not wearing clothes								
Not wearing shoes								
Shoes on wrong feet								
Inadequate clothing for weather								
Too much clothing								
Dirty clothing								
Torn clothing								
Same clothing all the time								
Not appropriate for time of day								

PHYSICAL RESTRAINT – ELDER WAS:	1	2	3	4	5	6	7	8
Tied to bed/chair without adequate documentation								
Gagged								
Locked in room								
Restrained without adequate padding								
Restrained because of confusion								
Restrained without medical order								
Restrained without first trying alternatives								
Restraints not periodically checked								

BEHAVIORAL INDICATORS

BEHAVIORS OF ELDER:	1	2	3	4	5	6	7	8
Begging for food								
Stealing food								
Eats meals alone in room								
Picking at sores								
Scratching self with instruments								
Scratching self with fingernails								

BEHAVIORS OF ABUSER:	1	2	3	4	5	6	7	8
Withholds food or medication								
Does not assist with toileting when needed								
Does not assist with eating when needed								
Puts call bell out of reach of elder								
Uses several medical facilities/physicians								

PSYCHOLOGICAL INDICATORS

ATTITUDE OF SUSPECTED ABUSER:	1	2	3	4	5	6	7	8
Lacks knowledge of elder's medications								
Talks about high cost of caring for elder								
Talks about elder not having money for own care								
Compulsive knowledge of elder's medications								

ENVIRONMENTAL INDICATORS	SITUATION OF ELDER:	ENCOUNTER NUMBER							
		1	2	3	4	5	6	7	8
	Lying in feces								
	Lying in old food								
	Lying in urine								
	Left alone for long periods								
	Out of money								
	Meals do not correspond to menus								
	Not enough food								
	Food too hot or too cold								
	Therapeutic diet not followed								

GENERAL CONDITION OF HOME/FACILITY	DISREPAIR:	ENCOUNTER NUMBER							
		1	2	3	4	5	6	7	8
	Rotted porch								
	Leaking roof								
	Signs of water leaks								
	Cracked or peeling paint								
	Broken windows								
	Torn window screens								
	Chimney in poor repair								
	Holes in walls								
	Unrepaired fire damage								

INADEQUATE:	ENCOUNTER NUMBER							
	1	2	3	4	5	6	7	8
Cardboard doors								
Cardboard windows								
Inadequate heat								
Unvented gas heater								
No furniture/inadequate furniture								

UNSANITARY:	ENCOUNTER NUMBER							
	1	2	3	4	5	6	7	8
Dirt								
Garbage piled up								
Vermin/rats								
Fleas/cockroaches								
No cleaning supplies								
Smell like urine or feces								
Other offensive odors								
Dirty floors								

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KITCHEN:	ENCOUNTER NUMBER							
	1	2	3	4	5	6	7	8
Rotted/bug infested food								
No food								
No refrigerator								
No working stove								
No clean dishes or cooking utensils								
Standing water on floors								
Exposed garbage								
Gritty/greasy appliances								

BATHROOM:	1	2	3	4	5	6	7	8
	Not functioning							
Non-existent								
Offensive odors								
Insects								

UTILITIES:	1	2	3	4	5	6	7	8
	Cut off							
No water supply								
Contaminated water								
No fuel for heating								
Fuel dangerously stored								
No thermostatic controls for regulating heat								
Space heater as only source of heat								
Exposed wiring								

INVESTIGATOR'S PERCEPTION OF SERIOUSNESS OF SYMPTOMS:
 (CIRCLE ONE)

0 1 2 3 4 5 6 7
 NOT AT ALL SERIOUS EXTREMELY SERIOUS

INVESTIGATOR'S PERCEPTION OF WILLFUL INFLICTION OF SYMPTOMS:
 (CIRCLE ONE)

0 1 2 3 4 5 6 7
 NOT AT ALL WILLFUL EXTREMELY WILLFUL

BEHAVIORAL INDICATORS

ACTIONS OF SUSPECTED ABUSER	ENCOUNTER NUMBER							
	1	2	3	4	5	6	7	8
Uses harsh tone of voice								
Swears at elder								
Talks of elder's death								
Talks of elder as a burden								
Threatens elder with:								
Violence (hit, throw, etc.)								
Institutionalization								
Guardianship/conservatorship								
Abandonment								
Discharge or room change								
Eviction								

DEROGATION BY SUSPECTED ABUSER:

	1	2	3	4	5	6	7	8
Insulted elder								
Humiliated elder								
Called elder names								
Treats elder as a child								
Interrupts elder when talking								
Overcritical of elder								

PSYCHOLOGICAL INDICATORS

ELDER'S FEAR OF:

	1	2	3	4	5	6	7	8
Suspected abuser								
Family member (not suspected abuser)								
Neighbor(s) or other patients								
Friend(s) or visitors								
Institutional staff								
Anybody								

ELDER'S ATTITUDE:

	1	2	3	4	5	6	7	8
Doesn't want suspected abuser around								
Highly anxious (see client info. section)								
Depressed (see client info. section)								

SUSPECTED ABUSER'S ATTITUDE:

	1	2	3	4	5	6	7	8
Feels s/he must punish elder								

INVESTIGATOR'S PERCEPTION OF SERIOUSNESS OF SYMPTOMS:

(CIRCLE ONE)

0 1 2 3 4 5 6 7
 NOT AT ALL SERIOUS EXTREMELY SERIOUS

INVESTIGATOR'S PERCEPTION OF WILLFUL INFLICTION OF SYMPTOMS:

(CIRCLE ONE)

0 1 2 3 4 5 6 7
 NOT AT ALL WILLFUL EXTREMELY WILLFUL

PSYCH ABUSE

PSYCHOLOGICAL NEGLECT

CLIENT'S NAME _____

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 MATERIAL ABUSE
 VIOLATION OF RIGHTS

BEHAVIORAL INDICATORS

SOCIAL ISOLATION:	ENCOUNTER NUMBER							
	1	2	3	4	5	6	7	8
Elder feels rejected by:								
Suspected abuser								
Family member (not suspected abuser)								
Neighbor(s) or other patients								
Friend(s) or visitors								
Institutional staff								
Everybody								
Elder is left alone								
Elder has no friends								
No opportunity to be with others								

ABUSER NON-INVOLVEMENT WITH ELDER:	1	2	3	4	5	6	7	8
Ignores elder								
Refuses to answer call bell								
Will not talk with elder								
Provides no cognitive stimulation								
No planned activities								
Gives care mechanically								

PSYCHOLOGICAL INDICATORS

WITHDRAWAL OF ELDER:	1	2	3	4	5	6	7	8
Doesn't trust others								
Feels unwanted								
No opportunity for cognitive stimulation								

ATTITUDE OF SUSPECTED ABUSER:	1	2	3	4	5	6	7	8
Believes elder will die soon								
Disinterested in elder as a person								

ENVIRONMENTAL INDICATORS

ELDER'S ROOM:	1	2	3	4	5	6	7	8
No provision for elder's own possessions								
No color in environment								
No TV or radio or pillow speaker								
No pleasant smells								

INVESTIGATOR'S PERCEPTION OF SERIOUSNESS OF SYMPTOMS: (CIRCLE ONE)

0	1	2	3	4	5	6	7
NOT AT ALL SERIOUS				EXTREMELY SERIOUS			

INVESTIGATOR'S PERCEPTION OF WILLFUL INFLICTION OF SYMPTOMS: (CIRCLE ONE)

0	1	2	3	4	5	6	7
NOT AT ALL WILLFUL				EXTREMELY WILLFUL			

MATERIAL ABUSE

CLIENT'S NAME _____

BEHAVIORAL INDICATORS

ELDER LACKS CONTROL OVER FINANCES:

ENCOUNTER NUMBER

BANK & TRUST ACCOUNTS:

- Signs checks filled out by someone else
- Signed checking account over to someone
- Does not sign for withdrawals
- Depleted bank account with no reason
- Unaware of reason for seeing attorney/banker
- Assets do not match standard of living

	1	2	3	4	5	6	7	8

CASH:

- Social Security check is missing
- Out of money
- Unaware of monthly income
- Frequently missing checkbook

	1	2	3	4	5	6	7	8

DECISIONS:

- Put under unneeded guardian/conservatorship
- Executed power of attorney

	1	2	3	4	5	6	7	8

THEFT OF POSSESSIONS:

- Lost money on an investment
- Lost property:
 - Clothing
 - Toilet articles
 - Other personal possessions
- No secure place for storing possessions

	1	2	3	4	5	6	7	8

ABUSER CONTROLS ELDER'S FINANCES:

CONTROLS BANKING:

- Has access to elder's safe deposit box
- Always makes bank withdrawals for elder
- Receipts not entered for withdrawals
- Draws cash from account not opened for years
- Makes all investment decisions for elder
- Makes unusually large bank withdrawals

	1	2	3	4	5	6	7	8

CONTROLS CASH:

- Misused elder's money
- Receives checks on elder's behalf
- Wants elder's govt. checks sent to him/her
- Cashes checks but not meets elder's needs
- Stole money from elder
- Withholds cash from elder's checks
- Sells house, etc. & withholds funds
- Prevented elder from collecting debts

	1	2	3	4	5	6	7	8

MATERIAL ABUSE (CONTINUED)

CLIENT'S NAME _____

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 MATERIAL ABUSE
 VIOLATION OF RIGHTS

ELDER GIVES AWAY MONEY OR PROPERTY

ENCOUNTER NUMBER

BANK ACCOUNTS:

	1	2	3	4	5	6	7	8
Put someone on savings account								
Put someone on checking account								
Put someone on stocks								
Loans money with no discussion of repayment								

HOME:

	1	2	3	4	5	6	7	8
Changed a deed								
Gave away home by deed								

OTHER:

	1	2	3	4	5	6	7	8
Made a contract								
Made a gift								
Signs surety on a loan								

SUSPECTED ABUSER MISUSES ELDER'S MONEY

THEFT:

	1	2	3	4	5	6	7	8
Took property belonging to elder								
Sold house/furnishings without permission								
Patient does not sign for withdrawals								

VANDALISM:

	1	2	3	4	5	6	7	8
Misused property of elder								
Damages property of elder								

OTHER:

	1	2	3	4	5	6	7	8
Lives with elder but refuses to pay rent								
Lives with elder and refuses to leave								

BEHAVIORS OF PROFESSIONAL

	1	2	3	4	5	6	7	8
Does not return phone calls								
Does not answer letters								
Puts nothing in writing								
Misuses elder's respect so s/he won't complain								
Grossly overcharges elder for residence								
Grossly overcharges elder for items/services								

INVESTIGATOR'S PERCEPTION OF SERIOUSNESS OF SYMPTOMS:
(CIRCLE ONE)

0 1 2 3 4 5 6 7
 NOT AT ALL SERIOUS EXTREMELY SERIOUS

INVESTIGATOR'S PERCEPTION OF WILLFUL INFLICTION OF SYMPTOMS:
(CIRCLE ONE)

0 1 2 3 4 5 6 7
 NOT AT ALL WILLFUL EXTREMELY WILLFUL

BEHAVIORAL INDICATORS

ELDER FORCED TO ACT: _____

ENCOUNTER NUMBER

IN INTERPERSONAL MATTERS:

	1	2	3	4	5	6	7	8
Marry								
Divorce								

IN FINANCIAL MATTERS:

	1	2	3	4	5	6	7	8
Make a will								
Revoke a will								
Change a will								
Change a deed								
Mortgage property								
Lease property								
Execute power of attorney								
Put someone on stock account								
Put someone on bank account								
Make a gift								
Sign a contract								
Lend money								
Borrow money								
Initiate a lawsuit								
Defend against a lawsuit								

IN DECISION MAKING:

	1	2	3	4	5	6	7	8
Travel								
Refuse medical treatment								
Move from home								
Move from foster care home								
Move to a nursing home								
Move to foster care home								

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BEHAVIORAL INDICATORS (CONTINUED)

ELDER PREVENTED FROM ACTING:

	ENCOUNTER NUMBER							
IN INTERPERSONAL MATTERS:	1	2	3	4	5	6	7	8
Marrying								
Divorcing								
Associating privately with another person								
Making telephone calls								

	1	2	3	4	5	6	7	8
IN FINANCIAL MATTERS:								
Making a will								
Revoking a will								
Changing a will								
Changing a deed								
Mortgaging property								
Leasing property								
Executing power of attorney								
Putting someone on stock account								
Putting someone on bank account								
Making a gift								
Signing a contract								
Lending money								
Borrowing money								
Initiating a lawsuit								
Defending against a lawsuit								
Receiving statements of financial transactions								

	1	2	3	4	5	6	7	8
IN OTHER PERSONAL DECISIONS:								
Traveling								
Refusing medical treatment								
Moving from home								
Moving to a nursing home								
Leaving a nursing home								
Using personal clothing								

VIOLATION OF PERSONAL RIGHTS (CONTINUED)

CLIENT'S NAME _____

SUSPECTED ABUSER WITHHOLDS ELDER'S PROPERTY:

	1	2	3	4	5	6	7	8
Refuses to return a will								
Refuses to return insurance papers								
Has elder's mail sent to their house								
Opens elder's mail								
Gives no report of financial transactions								

SUSPECTED ABUSER WITHHOLDS HELP:

IN CARE GIVING:

	1	2	3	4	5	6	7	8
Tries to remove life support system								
Refuses to assist elder with daily chores								
Lives with elder but refuses to assist								
No grievance committee in nursing home								

IN LIVING ARRANGEMENTS:

	1	2	3	4	5	6	7	8
Does not respect elder's privacy								
Won't allow elder to decide where to live								
Refuses to allow elder to live in own home								
Refuses to leave elder's home								
Refuses to get elder out of nursing home								

UNJUSTIFIED LEGAL ACTS:

	1	2	3	4	5	6	7	8
Makes it difficult to rescind power of attorney								
Misrepresents legal consequences to elder								
Takes elder to second attorney								
Tries to get elder to act against own interest								
Seeks unjustified delay in court proceedings								
Frightens elder into settling a case								
Records not kept confidential								

**INVESTIGATOR'S PERCEPTION OF SERIOUSNESS OF SYMPTOMS:
(CIRCLE ONE)**

0 1 2 3 4 5 6 7
 NOT AT ALL SERIOUS EXTREMELY SERIOUS

**INVESTIGATOR'S PERCEPTION OF WILLFUL INFLICTION OF SYMPTOMS:
(CIRCLE ONE)**

0 1 2 3 4 5 6 7
 NOT AT ALL WILLFUL EXTREMELY WILLFUL

