

Attachment B

SIGNS OF ABUSE, NEGLECT, AND EXPLOITATION

The presence of some of these conditions may not necessarily indicate abuse, neglect or exploitation. However, a cluster of these conditions, the seriousness of any condition, or the recurrence of one or more raises the probability.

ABUSE

BRUISES OR WELTS—especially (1) on the face, lips, mouth, torso, back, buttocks, bilaterally on thighs, or inner arms; not over knees or elbows (2) around wrists or ankles from restraints; (3) clustered as from repeated striking; (4) shape similar to an object or hand/thumb/fingermarks; (5) presence of old and new bruises at the same time as from repeated injury; (6) injuries in different stages of resolution on different areas of the body. Dating of bruises is not an exact science. The chart below is a very rough guide. If more than one color is present, more than one incident may have occurred.

NOTE: Document bruises. If no camera is available, draw what you see immediately on a body chart or incident form and indicate the color, size shape and location of the injury.

Dating of Bruises:

0 to 2 days.....	swollen, tender
2 to 5 days.....	red-blue
5 to 7 days.....	green
7 to 10 days.....	yellow
10 to 14 days.....	brown
2 to 4 weeks.....	clear

Bruises do not always mean that abuse occurred. There are physiological conditions and reactions that cause bruising. Many elderly persons have experienced a loss of subcutaneous fat, which allows the blood vessels to be more easily injured from bumping into furniture or from a caregiver assisting the consumer in and out of bed. Some medications such as blood thinners and anticoagulants cause a person to bruise more easily. Psychotropic medications may affect vision, balance, and gait, causing falling and bumping into furniture, walls, and doors.

FRACTURES, SPRAINS, OR DISLOCATIONS—especially (1) to skull, nose, facial structure; (2) in various stages of healing; or (3) multiple or spiral fractures

Abrasions, lacerations, wounds, or punctures

Contractures, which may indicate confinement for long periods

Burns—such as (1) cigar, cigarette burns on palms, legs, arms, back or soles of feet; (2) immersion burns resulting in sock-like, glove-like, or doughnut-shaped burns on buttocks; or (4) rope burns on arms, neck, or torso from improperly applied restraints

Hair thin as though pulled out, bald spots

Frequent use of the emergency room and/or hospital or health care “shopping”

Injuries to head, scalp, or face

Vague explanation or denial in view of obvious injury

Conflicting or illogical explanation of injury

Locked up or left alone for extended periods of time

Denied visitors or telephone calls or freedom to go out of house to visit friends, etc...

Threats, insults, or harsh orders by caregiver

NEGLECT

Dirty skin, uncombed hair

Soiled clothes and bedding

Insufficient or inappropriate clothing for the weather

Body odor

Underweight, sudden weight loss

Inadequate heating and cooling

Inadequate shelter or unsanitary living conditions

House lacks minimum equipment and facilities
(e.g., no furniture, stove, or hotplate, refrigerator, electricity, or plumbing)

Extremely neat and clean—doesn't look lived in

Lack of food and water

Food stored improperly or is spoiled

Lack of needed medical attention

Untreated mental health problems

Prolonged interval between injury and treatment

Lacks eyeglasses, hearing aid, false teeth, walker, crutches, wheelchair, or other needed prosthetic devices

Medication not taken or taken improperly

Excessive number of old medicine bottles with outdated prescriptions or from different doctors

Infected or untreated wounds

Bedsore—especially Stage III and IV

Discoloration of the skin (too white or grey indicating malnutrition, dark color, indicating dehydration, yellow color indicating jaundice)

EXPLOITATION/EXTORTATION/MISAPPROPRIATION

Legal documents signed when consumer is incapable of understanding. Theft or misuse of pension checks, disability benefits, savings, etc...

Reliance on consumer's income by caregiver for personal needs

Failure to meet basic subsistence needs despite adequate income

Living arrangements, household and personal items not commensurate with alleged size of the estate

No awareness of financial affairs or what is being done with money or property

Taking possession of money or property by caregiver

Abusing joint checking account privileges

Unusual activity in bank account, e.g., transfer of funds from one branch to another or more frequent or larger than usual withdrawals

Activity in bank account inappropriate to the consumer, i.e., withdrawals from automated banking machines when the consumer cannot walk or get to the bank, checks signed when the consumer cannot write

Unpaid bills, overdue rent

Personal belongings such as art, silverware, jewelry missing

HIGH RISK CONDITIONS

Certain conditions and behaviors have been shown to create a greater risk of abuse, neglect, or exploitation. The caseworker needs to be alert to these conditions.

- Alcohol and /or drug abuse by consumer or caregiver
- Mental illness of consumer or caregiver
- Caregiver and/or consumer are alienated, socially isolated
- Caregiver has poor self-image
- Caregiver is young, immature, and behavior indicates own dependency needs have not been met
- Caregiver is forced by circumstances to care for consumer
- Consumer is demanding, overly critical, never satisfied
- Consumer is disoriented, confused, depressed
- Caregiver does not know how to provide adequate care for consumer
- Violence has been the norm for discipline/conflict resolution in the family
- Caregiver is unemployed, without sufficient funds, dependent on consumer for housing and money
- Caregiver and/or consumer have poor health or chronic illness

RED FLAG BEHAVIORS

CONSUMER BEHAVIORS

Unwillingness to discuss problems or injuries with caregiver or in caregiver's presence

Fearful of caregiver, but anxious to please

Fearful of outside contacts

Frustration, anger at caregiver

Overly passive or quiet

Agitated

Tearful

Looks to caregiver to provide "right answers"

Unrealistic statements about what the consumer and/or caregiver can do or did

Implausible stories

CAREGIVER BEHAVIORS

Exaggerated defensiveness or over-concern

Obvious absence of assistance, attitudes of indifference towards consumer

Overt hostility towards consumer

Demanding, critical, accusing

Does not give the consumer the opportunity to speak for himself or to see others without the presence of the caregivers

Blames someone or something else for problems

Lacks knowledge of consumer's condition and needed care

Unwillingness or reluctance to comply with service providers in planning and delivery of care

Attempts to isolate the consumer from his friends and other family members

Lacks physical or eye contact with consumer

Claiming that consumer purposefully is incontinent, refuses to walk, just wants attention, etc.

Flirtatious, coy, etc. as indicators of possible inappropriate sexual relationship