

RECOGNIZING AND REPORTING ELDER OR DISABLED ABUSE (Attachment B)

1. **Recognizing and Reporting Elder Abuse and/ or Neglect:**

- a. The law specifies that all licensed nurses, physicians, non-medical practitioners, psychiatrists, psychologists, social workers, residents, interns and any other person currently licensed under the Texas Occupations Code must report suspected elder abuse or neglect when acting in his/her professional capacity or within the scope of his/her employment.
- b. None of the above-mentioned licensed personnel will incur any civil or criminal liability as a result of making this report.
- c. "Dependent Adult" is defined as any person residing in this state, over the age of 18, who has physical or mental limitations which restrict his/her ability to carry out normal activities or to protect his/her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age.

2. **Signs and Symptoms of Physical Abuse:**

Physical indications of abuse occur more commonly in clusters of symptoms than as a single symptom. Assess for the presence of two or more of the following:

- Bruises
- Welts
- Lacerations
- Puncture wounds
- Dehydration
- Malnutrition
- Internal injuries/bleeding
- Sprains
- Dislocations
- Fractures
- Skull fractures
- Orbital fractures
- Spiral fractures
- Signs of over-medication or under-utilization of required medication
- Burns
- Poor hygiene
- Lack of needed medical attention
- Multiple injuries in various stages of healing
- Broken eyeglasses, signs of being restrained, signs of being subjected to punishment
- The elder's report of being kicked, slapped, punched, hit or mistreated
- The elder's sudden unexplained change in behavior
- The caregiver's refusal to allow visitors to see the elder alone

3. **Fiduciary Abuse:**

- Financial or material exploitation is defined as the illegal or improper use of an elder's funds, property or assets
- A situation in which a person who stands in a position of trust with the elder willfully steals the money or property of that elder or appropriates the elder's money or property to any use of purpose not in the due and lawful execution of his/her trust

- Elder and dependent adult financial abuse includes lack of money to buy food or medication, someone consistently visiting around the first of the month when Social Security checks are received and/or checks written to strangers
- Cashing an elder's person's checks without authorization from the elder, forging the elder's signature
- Coercing or deceiving the elder to sign any document
- Improper use of conservatorship/guardianship
- Sudden unexplained changes in the elder's bank account or banking practice (withdrawal of large sums of money by anyone other than the elder), inclusion of additional names on the elder's bank signature card without the elder's knowledge or permission
- Unauthorized withdrawal from the elder's bank account using the elder's ATM card
- Abrupt changes in the elder's will or other financial documents, revision of the tenancy name(s) on the elder's house property deed
- Unexplained disappearance of valuables or funds, unpaid elder bills despite the availability of adequate financial resources
- Substandard care (health and general living conditions) provided despite the availability of adequate resources
- Sudden appearance of previously uninvolved relatives claiming their rights to the elder's affairs and possessions
- Unexplained and/or sudden transfer of the elder's assets to a family member or someone outside of the family
- Reports of fiduciary abuse and/or financial exploitation of the elder by either the elder or concerned individuals (close friends, neighbors, etc.)

4. Emotional Abuse:

- Infliction of distress, psychological/mental pain or anguish through verbal or nonverbal acts
- Verbal assaults, insults, threats
- Intimidation, humiliation, harassment
- Isolation of the elder from family, friends or support group
- Isolation of the elder from regular activities
- The elder appears emotionally agitated, withdrawn or upset
- The elder is uncharacteristically non-communicative or non-responsive
- The elder exhibits unusual behavior that is generally attributed to dementia (rocking, sucking, etc.)
- The elder is frequently tearful without cause
- The elder shows signs of severe depression

5. Neglect:

- Failure or refusal to fulfill any part of a person's obligations or duties to the elder
- The elder or concerned individual reports neglect or reports of mistreatment
- Failure to assist in personal hygiene or in providing food and clothing for an elder
- Failure to provide medical care for an elder's physical and mental health needs, although a person's voluntarily relying upon treatment by spiritual

needs through prayer in lieu of medical treatment does not constitute neglect

- Failure to prevent an elder from suffering malnutrition or dehydration
- Failure of an individual with fiduciary responsibilities to provide care for an elder
- Failure of an in-home service provider to provide necessary care
- Presence of untreated pressure ulcers
- Presence of unsanitary and unclean living conditions (unclean and/or inadequate clothing, presence of scabies, lice, strong urine/fecal smell)
- Presence of unfit living conditions (inadequate heating or air conditioning, improper wiring, no running water, unsafe building conditions, etc.) or failure to protect the elder from health and safety hazards

6. Self-Neglect by the Elder:

- Behavior of the elderly person that threatens his/her own health or safety. This excludes the situation where a mentally competent elder, able to understand the consequences of his/her actions, makes a decision that is conscious and voluntary to engage in acts that threaten his/her safety; and these decisions are made as a matter of personal choice.
- Refusal or failure of the elder to provide him/herself with adequate nourishment, fluids, clothing, shelter, medication
- Refusal or failure of the elder to provide him/herself with adequate safety and security precautions – living in unclean, hazardous or unsafe living quarters
- Lack of necessary medical aids, such as eyeglasses, hearing aids, dentures
- Homelessness, living with infestations of insects or vermin

7. Abandonment:

- Abandonment is defined as a situation in which a person who has the care of or custody of an elder deserts or willfully forsakes the elder under circumstances in which a reasonable person would continue to provide care or custody
- Desertion of an elder at a nursing facility, hospital, or other healthcare entity
- Desertion of an elder at a public location such as a shopping center, supermarket, bus station, etc.
- Elder's own report or the report of a concerned individual of the elder being abandoned

8. Sexual Abuse:

- Non-consensual sexual contact of any kind with an elderly person. Sexual contact with any person incapable of giving consent.
- Includes but not limited to:
 - Rape
 - Sodomy
 - Non-consensual fondling, molestation
 - Sexual assault or battery
 - Coerced nudity
 - Sexually explicit photographing
 - Bruising around breasts or genital area
 - Unexplained vaginal or anal bleeding or tearing

- Torn, stained, bloody underclothing
- Unexplained STD or genital infections
- The elder's report of being sexually assaulted or raped

9. Reporting:

Elder abuse should be reported if an observation is made that an elder or dependent adult has had a physical injury or injuries which appear to have been inflicted upon him/her by other than accidental means by any person.