



**Attachment to:  
Child Abuse, Geriatric Abuse, Domestic Violence, and Sexual  
Offense Policies.**

Indicator List for Abuse

Patient Signs and Symptoms

This list represents the most common indicators used to detect abuse and neglect. While the presence of any of these indicators may be caused by a variety of non-abusive factors, the combination of several should cause the professional to suspect mistreatment.

**Types of Mistreatment**

Physical Abuse

Possible patient signs and symptoms of physical abuse and/or neglect:

Unexplained injuries or explanation inconsistent with medical findings.

- Fractures
- Welts
- Lacerations
- Punctures
- Human bites
- Injuries during pregnancy
- Multiple injuries in various stages of healing
- Injuries to these sites: face, neck, throat, chest, abdomen, and genitals
- Bilateral distribution of injuries
- Burns: Unusual location, type, or shape similar to an object (i.e. iron, cigarette burn)
- Bruises: Presence of old and new, shape similar to an object (i.e. belt marks, fingers), bilateral on upper arms (from holding or shaking), and clustered on trunk (from repeated striking)

Sexual Abuse

Possible patient signs and symptoms of sexual abuse and/or neglect:

- Torn, stained, or bloody underclothing
- Difficulty in walking or sitting
- Genital lacerations or lesions
- Pain, itching, bruising, or bleeding in genital areas
- Unexplained venereal disease or genital infections; AIDS
- Regressive, delinquent, or aggressive behavior, sexual promiscuity
- Any other evidence of sexual assault.

**Drug-Facilitated Sexual Assault**



**Attachment to:  
Child Abuse, Geriatric Abuse, Domestic Violence, and Sexual  
Offense Policies.**

Possible patient signs and symptoms of drug facilitated sexual assault/abuse and/or neglect:

- If the patient remembers taking a drink but cannot remember what happened for a period of time after he/she consumed the drink
- If the patient feels as though someone had sex with him/her, but cannot recall any or all of the incident.
- If the patient feels a lot more intoxicated than his/her usual response to the amount of alcohol he/she consumed.
- If the patient woke up feeling very hung over or “fuzzy”, experiencing memory lapse, and cannot account for a period of time.
- If the patient wakes up in a strange or different location and does not know how he/she got there
- If the patient’s clothes are absent, inside out, disheveled, or not his/hers
- If the patient has “snapshots” or “cameo memories”

Psychological/Emotional Abuse

Possible patient signs and symptoms of psychological/emotional abuse and/or neglect:

- Confusion
- Excessive fears
- Insomnia, sleep deprivation, or need for excessive sleep
- Change in appetite
- Unusual weight gain or loss
- Ambivalence/loss of interest in self, activities or environment
- Resignation or withdrawal
- Agitation
- Suicidal ideation/suicide attempts

Financial/Material Abuse

Possible patient signs and symptoms of financial/material abuse and/or neglect:

- Inaccurate, confused, or no knowledge of finances
- Unexplained or sudden inability to pay bills, purchase food or personal care items
- Disparity between income/assets and lifestyle
- Fear or anxiety when discussing finances
- Unprecedented transfer of assets from an older person to other(s)
- Lack of receptivity by older person or family member to any necessary assistance requiring expenditure, when finances are not a problem
- Extraordinary interest by family member in older person’s assets.



**Attachment to:  
Child Abuse, Geriatric Abuse, Domestic Violence, and Sexual  
Offense Policies.**

Neglect

Possible patient signs and symptoms of abuse and/or neglect:

- Dehydration
- Malnutrition
- Hyper/hypothermia
- Excessive dirt or odor
- Lack of supervision
- Inadequate or inappropriate clothing
- Absence of eyeglasses, hearing aids, dentures, or prostheses
- Unexpected or unexplained deterioration of health
- Decubitus ulcers (“bedsores”)
- Signs of excess drugging, lack of medication or other misuse (e.g. decreased alertness, responsiveness or orientation)

History

- Pattern of physician and/or hospital hopping
- Unexplained delay in seeking treatment
- Series of missed medical appointments
- Previous unexplained injuries
- Explanation of past injuries inconsistent with medical findings
- Previous reports of similar injuries
- Repeated use of ED services and/or psychosomatic or emotional complaints
- Evidence of ETOH/drug abuse
- Chronic pain

Professional Observations

- Patient appears fearful of family member
- Patient appears reluctant to respond when questioned
- Patient and family member provide conflicting accounts of incident
- Family member is indifferent or angry towards patient and refuses to provide necessary assistance
- Family member appears overly concerned with costs of medical care and services
- Family member speaks to prevent the patient from interacting privately or speaking openly with health care provider
- Family member appears concerned about a particular patient problem but not the patient’s overall health



**Attachment to:  
Child Abuse, Geriatric Abuse, Domestic Violence, and Sexual  
Offense Policies.**

Risk Factors

- Family member psychopathology: Presence of mental illness, mental retardation, dementia or drug or alcohol abuse
- Transgenerational Violence: Family history or violence
- Dependency: Patient or family member dependent on the other for housing, finances, emotional support or care giving
- Isolation: Patient does not have the opportunities to relate with people or pursue activities and interests in a manner he or she chooses.
- Stress: Recent occurrence of stressful life events such as loss of a job, moving, or death of a significant other
- Living arrangements: Patients and family member living together