

Did you know.....

- Abuse can happen anywhere.
- There are no social or class barriers.
- It is wrong to stereotype the typical victim and typical abuser – it can happen to anyone.
- Abuse can be premeditated/deliberate.
- Abuse is not just related to caregiver's stress.

(Adapted Pritchard, 2000)

Physical indications of abuse:

- Multiple bruising, not consistent with a fall
- Black eyes, slap marks, kick marks, grasp marks, finger tip bruising, other bruises
- Burns, such as cigarette burns, dunking burns (hands/feet being immersed in boiling hot water)
- Fractures not consistent with falls
- Stench of urine or feces
- Indications of malnutrition or over-feeding
- Administration of inappropriate drugs

(Pritchard, 2000)

Indicators of neglect:

- Lack of basic care
- Abandonment
- Not providing proper food or fluids
- Failure to provide proper health care
- Lack of personal care
- Not dressing someone (e.g., from the waist down because they are incontinent)
- Not dressing someone appropriately (e.g., wearing thin clothes in winter)
- Refusing to buy new clothes for someone who has gained/lost weight
- Being left to sit in urine/feces
- Absence of mobility aids so the person's movements are restricted
- Absence of necessary medication
- Improper fitting or damaged dentures
- Nonfunctioning hearing aids, including lack of batteries
- Isolation (e.g., person may be locked in a room or confined space with only basic necessities)
- No social contact or stimulation

Indicators of sexual abuse:

- Inappropriate touching
- Fondling
- Inappropriate kissing
- Oral contact
- Genital contact
- Digital penetration (vagina or anus)
- Rape (vagina or anus)
- Penetration with objects
- Exploration
- Pornography – forced to participate in, forced to watch videos, forced to read magazines, etc.
- Ritual/satanic abuse
- Initiating unwelcomed talk about sex
- Proposing unwelcomed sexual contact

(Adapted Pritchard, 2000)

Indicators of financial abuse:

- Cash is stolen.
- Pension book is taken.
- Benefit/pension is cashed and all/or part of the money is not given to the older person.
- A person says that something cost more than it did (e.g. shopping).
- A person is made appointee (through the Department of Social Security) or acquires power of attorney (through the Court of Protection) and then withholds money from the older person.
- Money is withheld to such a degree that the older person does not have enough money to buy food, pay bills, rent, etc.
- People say they are paying for groceries, bills, rent, etc., but they are not.
- A person is persuaded/forced to transfer money, bank accounts, property, assets, financial affairs over to another person.
- An older person is not allowed to be admitted to residential care by a relative who is expecting to inherit money/property when the older person dies.

Indicators of mental anguish (emotional abuse):

- Humiliation
- Intimidation
- Ridicule
- Causing fear/mental anguish/anxiety
- Threats/threatening behavior
- Bullying
- Verbal abuse (e.g., shouting, swearing)
- Harassment
- Lack of acknowledgment
- Isolation/withholding social contact
- Denial of basic rights (e.g., choice, opinion, privacy)
- Being over protected – not allowed to do things, kept back

(Pritchard, 2000)

Indicators of self-neglect:

- Refusing needed assistance
- Not taking medications as prescribed
- Not eating for proper nutrition
- Home in disrepair or dirty

Reactions to abuse:

- Deny that anything is amiss, with an accompanying emphasis that things 'have never been better'.
- Resign, be stoicism, and, sometimes, accept incidents as being part of being old/vulnerable.
- Withdraw from activity, communication, and participation.
- Change behavior and have inappropriate attachments. Fear subsequently combined with depression and a sense of hopelessness.
- Exhibit mental confusion.
- Have anger and physical/verbal outbursts.
- Seek attention/protection, often from numerous sources, some of which can be unlikely.

Greatest risk factors for causing abuse in North Dakota:

- Being male (although this is different from national research that finds in caregiving situations more females are the abusers because they are more often the care provider).
- Under the age of 60.
- Most often a relative.
- Often has a history of mental illness.
- Had a recent decline in mental health.
- Abuses alcohol.
- Often the primary caregiver.
- Often lives with or has access to the adult they abuse.
- There is a change in the family roles from being cared for to being the care provider.
- A prior history of violence.

What pushes care providers over the edge?

- Behavior traits of the older person.
- The nature of the tasks that have to be performed on a daily basis.
- Frustration experienced by the care provider.
- The care provider's sense of isolation.
- Lack of services and/or other community support.

(Pritchard, 1996)

Signs of institutional abuse:

- There is individual abuse, where a resident or residents are hit, are verbally abused, or have their money stolen or misused.
- The administration of the facility:
 - Awaken residents too early in the morning.
 - Does not provide flexibility in choice in the time of going to bed.
 - Denies residents' opportunity for getting drinks and snacks.
 - Limits choice and consultation about meals; the last meal being served too early.
 - Refuses residents' personal possessions, furniture, telephone, TV, radio, etc.
 - Has no procedure for washing, mending, and marking personal clothing.
 - Provides too few toileting facilities.
 - Does not help residents stay clean and tidy; does not provide underwear.
 - Handles medical complaints poorly.

(Adapted Pritchard, 1996)

Possible signs of institutional abuse:

- An individual living in an institution may be in danger of abuse if there is/are:
 - Failure to agree within the managing agency about the purpose or/and tasks of the home.
 - Failure to manage life in the center/home in an appropriate way. (When things go wrong they are not sorted out, e.g., maintenance of building.)
 - Poor standards of cleanliness.
 - Low staffing levels over a long period of time.
 - Lack of knowledge or confusion about guidelines.
 - Breakdown of communication between managers of the home.
 - Staff factions or anger.
 - Staff working the hours to suit themselves.
 - Staff who drinks heavily on and off duty.
 - Staff ordering residents around or even shouting at them.
 - Lack of positive communication with residents.
 - Low staff morale.
 - Failure by management to see a pattern of events which often are treated as individual instances in isolation.
 - Punitive methods adopted by staff against residents.