SENGSTOCK-HWALEK
Comprehensive Index
of Elder Abuse
Instruction Manual
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TRAINING MANUAL
FOR THE
SENGSTOCK-HWALEK
COMPREHENSIVE INDEX OF ELDER ABUSE

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INTRODUCTION

Agencies that deal with elderly people are increasingly aware of elder abuse and neglect. However, agency professionals – social workers, health care providers and others – also recognize how difficult it is to identify those elderly who are victims.

Often, an agency identifies abuse or neglect after evaluating the reports of its own case workers and other professionals who have dealt directly with a client. At other times, a case may come to the agency’s attention when the elderly client directly complains of being abused, or when a professional from another agency declares that a client’s circumstances should be investigated because there is enough evidence to suspect abuse.

The diversity of these approaches requires a systematic procedure for identifying elders as abuse victims. Substantiating abuse and neglect is difficult for many reasons. First, many elderly will not file reports because the abuse may be coming from friends or family members. Second, some elders may perceive abuse where, in fact, there is none. Most professionals have little experience distinguishing whether or not actual abuse is taking place with these cases. They lack training in identifying the characteristics of elderly abuse and neglect, or access to a list of symptoms for use in identification.

The Sengstock-Hwalek Comprehensive Index of Elder Abuse helps professionals identify those elderly persons who are the victims of abuse and neglect. The Index organizes a client’s case history precisely and clearly. Specific details about the client’s history are noted for easy recall and service planning. In addition, the Index provides information needed to facilitate a smooth transfer of clients from one case worker to another, or from one agency to another.
Besides substantiating that abuse has occurred, the Index points out the type(s) of abuse or neglect that are suffered by the elderly client. It suggests which services the victim and family may need to help them cope with the identified problems and prevent future abuse.

The Index can be used as a case management tool. It is a valuable client record, providing clear documentation of the symptoms and characteristics of the client. It also identifies the services and providers involved, and the actions taken on the client’s behalf.

The Index creates a comprehensive record of an individual case in a single document. This may be particularly valuable when a case is taken to court and clear documentation of symptoms and actions must be provided.
ORGANIZATION OF THE INDEX

The second edition of the Index contains the following sections:

CASE ASSESSMENT/MANAGEMENT INFORMATION — This form is used to document the agency and worker(s) involved in investigating the case and in completing the Index. It provides a description of each encounter to help the investigator recall the situations where the evidence was gathered. This form also records the outcome of services when the case is closed.

CLIENT INFORMATION — This section documents important information about the client and the situation. It records demographic, functional, social, and psychological data on the alleged victim. It also tracks the type of abuse suspected and the result of the investigation.

INFORMATION ABOUT SUSPECTED ABUSER — This section systematically documents information about the suspected abuser(s). It records demographic and behavioral data to help the investigator assess whether the abuse or neglect is intentionally perpetrated. It also records whether the abuse occurred in a domestic setting or in an institution.

DOCUMENTATION OF SERVICES — This section of the Index contains a comprehensive list of services which may be needed by elderly victims. This form enables the investigator to track the services provided to clients in his/her care. It also enables the worker to determine gaps in the service delivery system and shows those services which are offered but refused.

SPECIFIC SYMPTOMS OF ABUSE AND NEGLECT — There are six separate symptom checklists for identifying each of the six types of elder abuse and neglect. Each checklist also provides for an interpretation by the investigator as to the seriousness and willfulness of the symptoms.
TYPES OF ABUSE AND NEGLECT — Six types of abuse/neglect are identified in the Index.

1. PHYSICAL ABUSE — A direct attack against a person such as a punch or hit, as well as sexual abuse and threats in which a weapon is used. This section of the Index records specific injuries as well as behavioral, psychological and medical symptoms of physical abuse. Finally, injury location charts are provided for illustrating the size, color, shape and location of specific injuries.

2. PHYSICAL NEGLECT — The failure to provide a dependent elder with necessities such as food, clothing and shelter. This symptoms checklist documents specific body signs, neglectful behaviors of the elder and the alleged abuser, the caregiving attitude of the alleged abuser and environmental features of the elder’s residence.

3. PSYCHOLOGICAL ABUSE — Verbal assaults, such as screaming and ridicule, and threats which do not include the use of weapons. The Index lists behavioral symptoms and psychological indicators of both the alleged abuser and victim which are signs of psychological abuse.

4. PSYCHOLOGICAL NEGLECT — The emotional and psychological needs of the elderly person are not met, such as isolating the elderly person or not providing for social and mental stimulation. This section helps the investigator record actions, attitudes and environmental symptoms related to psychological neglect.

5. MATERIAL ABUSE — Stealing or misusing money, property, and other valuables belonging to the elderly person. The Index records information about financial actions of the elder and the alleged abuser, as well as behaviors of professionals that may indicate financial exploitation.

6. VIOLATION OF PERSONAL RIGHTS — Depriving an elderly person of the right to choose, to privacy, to make decisions. This section lists interpersonal, financial and other personal decisions that the elder may have been forced, or prevented from doing.
DEFINITIONS OF TERMS

It is important that anyone using the Index completely understand the meaning of several terms.

ENCOUNTER — A contact between the investigator and any resource that provides him/her with significant information about the case. Encounters may include direct contact with the elderly such as office or home visits; or phone calls from other agencies or from the caretaker. The examination of documents, such as medical records and other reports related to the client, is also defined as a type of encounter.

SOURCE OF INFORMATION — The origin of the data about the elderly client. Sources are identified as people, places, or reports. Letter codes could be used to efficiently record the source(s) of information at each encounter. Sources of information include:

E = ELDERLY CLIENT — the subject of the case.

C = CARETAKER — the person responsible for caring for the client.

S = SUSPECTED ABUSER — the person who may be abusing or neglecting the elderly client.

R = RELATIVE — a spouse or other relative of the elderly client.

W = WORKER OBSERVATION — The person investigating the case.

M = MEDICAL/AGENCY RECORDS — Records or other reports about the elderly client from medical or social agencies involved in the case.

A = AGENCY REFERRAL — Report from other agencies which have contact with the case.

EXPLOITATION — A term describing those forms of elder abuse which the Index identifies as Material Abuse and Violation of Personal Rights.
SELF ABUSE/NEGLECT – Abuse or neglect that elderly clients inflict upon themselves.

INTENTIONALITY OR WILLFULNESS – Abuse or neglect which is deliberately inflicted upon an elderly person.

SERIOUSNESS – The severity of symptoms or life-threatening situations. The most serious situation is one in which the client needs immediate food, medical care or emergency housing.
HOW TO USE THE INDEX

It is recommended that the following steps be followed when using the Sengstock-Hwalek Comprehensive Index of Elder Abuse. They are based on the experience and advice of professionals representing the variety of human service agencies working with the elderly.

STEP ONE: Memorize the major headings of the Index. Do not use it as an interview schedule.

The use of any questionnaire during an encounter can damage the rapport between the client and the professional. Since the identification of abuse and neglect requires the development of trust with the client, using the Index in the presence of the client is discouraged.

This Index is designed so that the major headings can be easily memorized. This will help direct the investigation process. Memorizing major headings allows the interviewer to remember what questions to ask and what evidence to gather while investigating the case. When reviewing medical records or other written data for a particular case, the Index may be referred to directly.

STEP TWO: Review the Index immediately before meeting with a client or another person involved in the case.

This will help in recalling information obtained from earlier encounters and will suggest information to obtain at this encounter.

STEP THREE: Complete the Index immediately following the interview.

Observations and responses are less likely to be forgotten when recorded fresh from the interview. Begin by completing the CLIENT INFORMATION SHEET. This section will provide essential descriptive information about the client.

Then, be certain to complete the following sections each time you encounter new information:
CASE ASSESSMENT/MANAGEMENT FORM: Record the date and a description of the encounter. Remember, include all people relevant to the case who were present during encounters. Agency records, telephone calls and medical reports should also be listed if used during the encounter.

Sometimes a person may be identified in more than one way. For example, the caretaker may also be the suspected abuser and a relative. Under these circumstances, the investigator should use his/her own judgment to identify the most relevant description. If appropriate, the additional identities for that person can be noted on the Index.

SUSPECTED ABUSER INFORMATION: Once the suspected abuser(s) are determined, obtain as much information as possible about the demographic and behavioral characteristics of these individuals. Many times there are more than one abuser. The Index can document demographic information about two abusers. In the symptom checklist in this section, it may be useful to code which abuser is displaying each symptom.

SPECIFIC SYMPTOMS OF ABUSE AND NEGLECT: Record the symptoms which were observed or reported in each encounter in the column of the symptom checklists that matches the encounter number. Make certain that all symptoms you observed are noted.

STEP FOUR: At the end of the investigation, a thorough analysis of the entire case should be carried out.

1. Rate your perceptions about each type of abuse.

Indicate how serious the situation appears to be and whether the acts against the elderly appear to be willful. For each type of abuse, feelings about seriousness and intentionality should be circled.
2. Enter information concerning the type of abuse which has been substantiated.

This information should be entered in the CLIENT INFORMATION section.

3. Document services which are needed and/or services that have been provided.

This information should be entered on the DOCUMENTATION OF SERVICES section.

4. Indicate the final outcome upon closing the case.

This information should be entered on the CASE ASSESSMENT/MANAGEMENT INFORMATION section.

EXAMPLE OF RECORDING INFORMATION ON THE INDEX

Suppose a case begins with a phone call from a relative who states that her aunt has been beaten by the Caretaker. The case worker visits the home of the elderly person and notices several bruises in various stages of healing on the forearms and cheeks of the client. After leaving the premises, the case worker enters identifying information in the CLIENT INFORMATION and ABUSER INFORMATION sections. The encounter should be described in box #1 in the CASE ASSESSMENT section of the Index.

Next, the physical evidence would be documented in the PHYSICAL ABUSE section of the Index, as illustrated on the following page. Since there are physical injuries, an injury location chart would also be completed for this encounter. An example of a completed chart appears on the next page of this manual.

As the investigation proceeds, additional information revealed about the victim and suspected abuser(s) would be recorded in the appropriate sections. The investigator would review the Index prior to each encounter to recall evidence already gathered, and to suggest additional evidence which should be obtained.
**PHYSICAL INDICATORS**

**ENCOUNTER NUMBER**

**INJURIES: (Indicate Location on Chart)**

<table>
<thead>
<tr>
<th>Injury</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuts</td>
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<td>Bites</td>
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<td>Punctures</td>
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<td>Abrasions</td>
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<td>Bleeding</td>
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<td>Dislocations</td>
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<tr>
<td>Bone Fractures</td>
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<tr>
<td>Bruises</td>
<td>X</td>
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<td></td>
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<tr>
<td>Burns:</td>
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<tr>
<td>Unusual type</td>
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<tr>
<td>Rope</td>
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<td>Dry (i.e. iron)</td>
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<tr>
<td>Cigarette</td>
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<tr>
<td>Other:</td>
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**PATTERN OF INJURIES:**

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<tr>
<th>Pattern</th>
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<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<tbody>
<tr>
<td>Repeated injuries</td>
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<td>Frequent injuries</td>
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<tr>
<td>Unusually placed injuries</td>
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<tr>
<td>Several occurring at one time</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>At various stages of healing</td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Bilateral on upper arms</td>
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<td>Clustered</td>
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<tr>
<td>Injuries inflicted with familiar objects:</td>
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<td>Stick</td>
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<td>Board</td>
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<td>Belt</td>
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<tr>
<td>Hairbrush</td>
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<td></td>
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<tr>
<td>Rope or cord</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Other:</td>
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</tr>
</tbody>
</table>
YELLOWING 1/2"
ROUND BRUISE

5 BRUISES,
PURPLE,
1" X 1/2" EACH,
in the shape of fingers.

ENCOUNTER NUMBER 1  INTERVIEWER SIGNATURE  Susan Brown  DATE 5-6-86
TIPS FOR REMEMBERING INDEX ITEMS

The task of remembering the major headings of the Index is a considerable one. However, psychologists who specialize in memory research have provided a variety of techniques which can help investigators recall symptoms. Some of these memory tips are included here.

Link symptoms observed into a picture or story.

As you notice symptoms, link them together into a picture or story. Later, when you are completing the symptom checklists, the memory is jogged by recalling the picture or story developed at the encounter. In the previous example, one might make the bruises into several living creatures of yellow and purple color. You might then visualize these yellow and purple creatures moving about on the elderly person's skin. If the bruise has a peculiar shape, you can link the bruise with the object which may have caused it, such as the "V" shape of an iron, or the shape of a hand or coat hanger.

Make the symptoms bigger than life.

While looking at symptoms during the encounter, increase their size in your imagination. This procedure will help the items stand out while reviewing the Index immediately following the encounter. In the example, bruises would be larger than the size of the body and they would appear to be iridescent.

Use acronyms to remember symptoms.

Acronyms are words in which each letter represents a piece of information. Linking evidence during an investigation into a word will help in recalling symptoms after the encounter. For example, BUSS can be used to remember Bruises in Unusual places, Several at one time in various Stages of healing.
Review the Index periodically.

Rehearsal of information is a key to effective remembering. Continual review of the items on the Index will help guide the investigation because it will bring to mind symptoms to search out during an encounter.

For more information on improving memory skills, see Higbee (1977), Gallant (1980), or Baddeley (1982).
GUIDES TO EFFECTIVE INTERVIEWING

The most critical component of an investigation of elder abuse is the personal interview. The investigator will need to conduct interviews, not only with the victim, but also with the caretaker, with family members, with workers in other agencies, and possibly with other persons. The success of the investigation depends upon the investigator's skill in using these interview techniques to obtain valid and reliable data. We have compiled some suggestions for effective interviewing.

Use non-directive questioning.

Non-directive or open-ended methods of questioning are more likely to elicit the personal information which is required for determining the presence of elder abuse, neglect, or exploitation. Examples of open-ended questions include:

"I would like to learn more about your life here in (this house) (this nursing home)."

"Tell me something about the kind of care you receive here."

"Whom do you get most of your care from?"

"Can you tell me what a typical day/night is like here?"

Probe for additional information.

The respondent may be reluctant, or even afraid, to indicate that abuse is occurring. It may be essential to probe beyond the initial response. Probes, such as these, should always be stated in a non-judgemental and encouraging tone:

"Could you explain that to me a little more?"

"Could you give me some specific examples of that?"

"How do you mean that?"

"Hmmm?"

Brief moments of silence can also be effective. A look of expectation on the part of the interviewer is sometimes helpful in eliciting more information.
Further assistance with developing open-ended questions and probes can be obtained from Leininger (1985).

**Occasionally, ask direct questions.**

Since clients may be reluctant or afraid to provide information about abuse, the interviewer may have to approach the subject directly. This should be done only after the open-ended approach has been employed. Samples of direct questions include:

"Has anyone tried to hurt you recently? When was that?"

"Has anyone tried to take anything from you?"

"Has anyone tried to make you do something you didn’t want to?"

**Prepare yourself to ask sensitive questions.**

Discussing the subject of abuse and neglect is often perceived to be sensitive or embarrassing, by interviewers as well as clients. Certain aspects of abuse and neglect, such as sexual abuse and the need for assistance with bathroom and toilet care, are two especially sensitive topics.

Consequently, interviewers often have problems asking questions about these sensitive areas. It may be that the interviewer feels that the questions are too embarrassing or too awkward to ask the respondent. As a result, the interviewer is reluctant to ask questions which may be of critical importance to the interview. In effect, the interviewer’s own state of mind has an effect on the respondent’s willingness to cooperate.

When an interviewer feels discomfort in asking sensitive questions, the tone and voice quality are sometimes different from those used when asking routine questions. The interviewer should be aware that all questions should be asked in the same tone and manner. The respondent is more likely to respond to sensitive questions when they are asked in a direct, objective manner.

It is important that the interviewer convince him/herself that the information obtained is both significant and useful. The interviewer’s conviction will make him/her more comfortable with the questioning process, and this, in turn, motivates the respondent to answer truthfully.
Developing rapport early in the interview is essential. If rapport has developed between the respondent and the interviewer, the problem of sensitive questions is somewhat alleviated, since the respondent perceives the interviewer as someone who is there to help, not to pry into personal affairs.

Finally, interviewers should prepare themselves to include sensitive areas in their conversations with clients or their families. Practice asking sensitive questions with friends or other professionals, in order to become comfortable with the situation prior to an actual interviews.

Further assistance with enhancing interviewing skills in sensitive matters can be obtained from Woods (1979), Hogan (1980), or Quinn and Tomita (1986).

**Consider the mental capacity of the client.**

A major interviewing problem arises from the fact that the elderly person may have limited mental capacity or difficulty in responding to questions. A simple check for mental capacity is to ask if the client remembers having breakfast or can recall the worker's last visit. Judgment can be checked by determining whether the client is cautious in greeting strangers or opening the door to unknown persons.

Further information about some validated instruments for testing the mental capabilities of the elderly can be found in Kane & Kane (1981).

**Use special caution with clients of limited mental capacity.**

Two special cautions should be observed when interviewing clients with limited mental capacity:

1. Do not discount the reports of persons who are demented or have limited reality orientation. The elderly patient who often has delusions may still be accurate when she reports an abusive situation, such as someone trying to climb into her bed.
2. It is important to document reports of abuse and neglect from additional sources when the elderly has limited mental capacity. Additional documentation may avoid wrongful accusation of a well-meaning caretaker.

**Re-interview clients and others to retrieve missing data.**

Additional interviews with the client and/or family members may be necessary in order to obtain all necessary information. The Index allows for 8 encounters with the client, records, or other relevant sources of information.

**Distinguish signs of abuse from symptoms of normal aging.**

Symptoms of abuse may frequently be confused with the symptoms of the normal aging process. For example, frequent bruising may occur either with abuse or with the frailty brought about by the aging process. Workers should make special efforts to learn whether observed symptoms are related to the patient's underlying medical problems or if they are evidence of abuse. A good audio-visual training module on distinguishing normal aging from abnormal symptoms is the "Physical Assessment of the Aged" (Module 15) (copyright Wayne State University, College of Nursing, 1977).
USING THE INDEX IN PLANNING SERVICES

The Sengstock-Hwalek Comprehensive Index of Elder Abuse can help professionals plan for services to alleviate the abusive situation. The services which are required frequently follow a definite order, especially in the early stages of a case. We have listed below some considerations in meeting the service needs of elderly abuse victims, with suggestions as to which sections of the Index may be useful in determining the presence of these needs.

Immediate Danger to the Client — In cases of abuse, the most important factor, which MUST be considered FIRST, is the safety of the client. The investigator should first determine whether the client is in immediate danger of his/her life or safety. It is also important to determine whether others in the situation, including the investigator, may also be in danger. Danger could arise from the medical condition of the client; the presence of threatening individuals; or the physical conditions in the home, such as fire hazards.

Need for Medical Attention — Where the symptoms of the abused elder are so serious as to require immediate medical attention, this should, of course, be the first priority. Where the investigator has indicated "extremely serious" at the end of the Physical Abuse and/or Physical Neglect symptom checklists, it should be presumed that personal danger to the client exists unless proof to the contrary can be provided.

Presence of Threatening Individuals — Where threatening or potentially harmful individuals are present, the investigator should first make contact with the police or sheriff's department. Obtaining a court order to search the premises, or to make an arrest may also be necessary.

Presence of Threatening Conditions — Homes with fire hazards, unsafe drinking water, or non-working plumbing may require immediate attention. Here too, agencies with the authority to order repairs or to condemn the premises should be contacted. In
severe situations, it may be necessary to move the client to a different residence, at least temporarily.

Data in the Index as Evidence — Data from the Index will prove highly valuable in proving the need for services. It may also be useful in recalling information during criminal or civil court litigation.

Identity of the Abuser — The identity of the individual responsible for the abuse or neglect must be resolved in order to plan services effectively. Three factors are critical:

Presence of Self-Abuse — If the elder is abusing or neglecting him/herself, then the investigator will proceed differently than if the abuser is someone other than the victim. With self abuse, the worker has the difficult task of distinguishing between the right of a competent individual to choose his/her own life style, regardless of how distasteful this life style may appear to others, and the obligation of society to protect adults who are unable to make decisions.

Where the elder is not competent to make decisions about his/her own care, it may be necessary to obtain a court order for a guardian or conservator. Data on the CLIENT INFORMATION form can help make this determination.

Presence of an Abuser — In the majority of cases, the abuser will probably be someone other than the victim. The worker will need to determine who this person is; what the relationship to the elder is; whether the abuser is the elder’s caretaker, either formal or informal; whether other members of the family are aware of the abuse; etc. The INFORMATION ABOUT SUSPECTED ABUSER section of the Index is useful in systematically obtaining information about alleged abusers.

Intentionality of Abuser — A critical issue is whether the abuse is willful. An abuser who is deliberately abusing, neglecting, or exploiting an elderly person will probably have to be dealt with through legal means. This may require the use of the criminal court; it may be handled through a suit in a civil court; or even
a telephone call from an attorney or agency representative can often be effective in altering the behavior of an abuser. When abuse or neglect is not intentional, punitive measures are inappropriate. In these cases, the reason(s) for the behavior should be determined: Is the abuse due to lack of knowledge? Then training in the proper care of the elderly may be in order. Is the abuser over-stressed? Respite care may be an answer. Is the abuser incapable, because of mental or physical health problems, or for other reasons, of providing care or relating to the elder? If there are other persons available with whom the elder can live or who can care for the elder, it may be preferable to make such arrangements.

In each of these instances, data appearing in the section on INFORMATION ABOUT SUSPECTED ABUSER can help in charting the proper course.

Competence of the Elder — The competence of the elder is important in determining the plan of action in a case of elder abuse. If the elder is competent to consider ameliorative options and alternatives, he/she should be consulted at each stage of the planning process, and his/her decision should be a critical factor in determining the actions taken.

Data appearing on the CLIENT INFORMATION form can help to determine the degree of competence of the client, and the degree to which s/he should be consulted in planning for services.

Specific Symptoms and Type(s) of Abuse — The type(s) of abuse, neglect, or exploitation which are present in a given case play a major role in determining the types of services which are needed. Since studies have shown that many elderly abuse victims suffer from more than one type of abuse, it is critical that the investigator check for the presence of ALL types of abuse in determining the care plan.

Physical Abuse — Where the Index suggests that physical abuse has occurred, the client should receive medical attention as soon as possible. Even when the injuries appear to be minor, there may be other, more serious injuries which can only be uncovered by a
thorough medical examination. If possible, the investigator should
be present or should speak with the examining doctor prior to the
examination, in order to insure that all medical evidence can be
documented. Any additional symptoms noted should also be
recorded on the Index.

Physical abuse may also require actions to protect the victim.
Clear documentation on the Index of the symptoms observed and
the services required will be valuable aids in deciding the actions
which have the best interest of the elderly in mind.

Physical Neglect — Physical neglect can sometimes be as life
threatening as physical abuse. Where the Index indicates neglect
of the physical care of the elder, medical attention should be
obtained for the client as soon as possible. As with physical
abuse, there may be other symptoms which are not easily observed
and require trained medical personnel to identify.

Where the Index suggests that physical neglect occurs in relation
to the physical environment of the elder, actions may be required
to upgrade the physical setting of the elder. Or alternative living
arrangements, such as a move to a new house or apartment, place-
ment with another relative or friend, or relocation to a nursing
home, may be necessary. It is important that a competent elder be
consulted about these changes.

In physical neglect cases, the need for civil or criminal court action
is not always clear. If the Index indicates that the behavior of the
abuser is not intentional, then educational measures, respite care,
or a change of caretaker may be more appropriate, as discussed
above in relation to Intentionality.

Psychological Abuse — If data on the Index indicates that a client
has been the victim of psychological abuse, it is important to
remember that this type of abuse often coexists with other types.
In some family violence cases, severe psychological abuse has been
found to be a precursor of subsequent physical abuse. Therefore,
it is important for the investigator to examine psychological abuse
cases carefully for signs of other types of abuse, particularly if the
perception of the psychological abuse is rated as “extremely
serious.”
The intentions of the abuser are also critical here. If the psychological abuse is intentionally inflicted, it may be necessary to take measures to separate the abuser and the client. On the other hand, if psychological abuse is the result of stress or lack of knowledge, the case management plan may call for stress-reduction or educational services for the elder or other family members.

Remember that psychological abuse can have serious consequences for the client. Victims of psychological abuse often suffer from depression and loss of self-esteem for years after the abusive experience has ended. It is important in these cases to provide counseling opportunities to the client.

**Psychological Neglect** — A special problem with psychological neglect is the loss of mental stimulation and/or psychological withdrawal. If the Index indicates that neglect is due to a willful act of the abuser then it may be necessary to find another caretaker or alternate living arrangements, if possible.

If the psychological neglect is not deliberate, then suggestions should be made to the client’s family and other associates for ways of providing social and mental stimulation. This is particularly true in cases in which the caretaker and/or family may underestimate the elderly person’s capabilities and need for social contact. Here again, respite care or other support may be necessary, if the family and/or caretaker are experiencing stress.

**Material Abuse** — Actions to alleviate material abuse vary, depending upon the nature of the abuse. If deliberate theft of money or property is involved, then recourse to criminal law may be appropriate. Suits in civil court may be more effective than criminal court because many courts are reluctant to handle criminal cases involving relatives. Often, a telephone call from an attorney is enough of a threat to cause an abuser to return stolen money or property.

If the abuser holds control over the client’s resources (i.e., has his/her name on accounts, holds power of attorney, or is guardian), it is important to bring about a change in these documents as quickly as possible, in order to prevent any further abuse.
In some instances an elder may have turned over total control of his/her financial resources to a relative or friend. If a piece of property has been freely given away by deed, there is little that can be done about retrieving the property. In such instances, the client should be counseled regarding the wise management of his/her property, and should be cautioned against giving away other property.

Investigators should not underestimate the importance of material abuse with reference to the aged. Many older persons have very limited funds; for some, their homes are their only possessions; and for most, their mementoes of friends, relatives, and past events are of great importance. The loss of any of these items can cause great psychological pain. Elders who have suffered such losses may need counseling to recover from the shock.

**Violation of Personal Rights** — The loss of an individual’s personal rights is another area which can cause considerable anguish, particularly for persons whose social environments are already somewhat limited. Elders in nursing homes, for example, may list the loss of privacy and control over minor possessions (such as the right to wear their own personal clothing or to have a place to lock jewelry or money) as their greatest concerns. Both institutionalized and non-institutionalized elders resent intrusion into their personal affairs.

Some violations of personal rights may be life threatening, such as the attempt to cut off life support systems. Where the investigator has indicated that the violation of a client’s personal rights is both “extremely serious” and “extremely willful,” it may be necessary to take drastic steps, such as a change in guardianship or the living arrangements of the elder.

In financial matters, elders may be hounded to change their deeds, wills, or financial accounts; this violation of their personal rights can lead to subsequent material abuse. When it can be proven that a deed, will, or other document was signed under duress, it may be possible for the client to have the action rescinded. Thorough documentation of the facts on the Index may be of great assistance to the attorney in proving the client’s case.
Unfortunately, few mechanisms exist to deal with less severe violations of the personal rights of the elderly. Police and the courts tend to avoid dealing with what they consider to be relatively minor domestic matters. And few social agencies are set up to deal with such issues. Two informal mechanisms of control may be helpful, however. Sometimes a great deal can be accomplished if an authoritative individual, such as an agency representative or attorney, issues a stern reminder to the abuser that his/her actions are a violation of the elderly client's rights, and that such behavior cannot be tolerated.

It is also useful to provide support and assistance to the elderly client. Many elders, especially those who are immigrants from another country or who have little education, are not aware of their rights. They can be easily misled by relatives or acquaintances who inform them that: "Widows cannot hold property in this state," or "The law says you have to be employed to have your own bank account." Assuring the client that such misstatements are untrue may be the encouragement an elderly client needs to defend his/her own personal rights.

The Client's Contacts in the Service Community.

Once you have determined what services are needed, it is necessary to determine which resources in the community are best suited to providing them. Most people are more comfortable receiving services in familiar settings. Consequently, consider the contacts which the elder already has with the community services network. It is important to check the list in the DOCUMENTATION OF SERVICES section of the Index to insure that no needed services have been omitted.
USING THE INDEX IN INSTITUTIONAL SETTINGS

Professionals who are familiar with earlier editions of the Sengstock-Hwalek Comprehensive Index of Elder Abuse will note that a major change has been made in the second edition. With this version, special questions/indicators have been added to enable the Index to be used with elderly in institutionalized settings as well as those being cared for in their own homes or the homes of others.

A FINAL NOTE ON USING THE INDEX

The authors have made every attempt to provide a comprehensive listing of symptoms found in the past to be associated with the occurrence of various forms of elder abuse. The Index is the result of extensive research, investigation and consultation with practitioners in the fields of law, medicine, and social work. However, the Index is newly developed and has yet to be validated using standard psychometric techniques. Additionally, the nature of elder abuse is subjective and requires independent professional judgment as to its existence. Therefore, the authors can assume no liability for damages resulting from the misidentification of abuse.
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