

February 2025

Elder abuse and neglect

A guide to help assess elderly patients for abuse or neglect

Limitations, goals, and timeline

Limitations

- Clinical Practice Guideline (CPG) materials are provided for the educational benefit of contracted providers of Fallon Health. This document is a guide and is not meant to replace any practices based on clinical judgment, experience, or specific aspects of individual patient situations.

Goals

- Provide effective and efficient criteria to assess elderly patients for abuse or neglect.
- Provide resources for the accurate identification and timely reporting of elder abuse and neglect.

Timeline

- Original date final draft approved: November 2018
- Original date available to Fallon Health providers: January 2019
- Last reviewed: ~~October 2020~~, **February 2025**



Elder abuse and neglect

Types of elder abuse	Definition	Indicators	Examples
Physical	Willful infliction of physical pain, injury, or unnecessary restraint.	Unexplained bruising, wounds or welts, cigarette burns, or other injuries including fractures or sprains. Delays between injury or illness and assessment.	Slapping, hitting, kicking, force-feeding, restraint, striking with objects.
Psychological	Willful infliction of emotional harm or mental anguish.	Sense of resignation or hopelessness, passive, helpless, withdrawn behavior, anxious, trembling, fearful behavior.	Verbal aggression or threats, threats of institutionalization, social isolation, humiliating statements.
Sexual	Willful non-consensual sexual contact.	Consider evidence of sexual trauma or sexually transmitted diseases found on examination.	Sexual suggestive talk, forced sexual activity, touching, fondling with a non-consenting competent or incompetent person.
Financial exploitation	Theft, fraud, misuse, or neglect of authority, and use of undue influence over an older person's money or property.	Unexplained changes in Power of Attorney, wills, or legal documents. Victim of scamming or other methods for strangers to receive money or otherwise.	Theft of checks or money, coercion to deprive the elder of their assets such as forcible transfer or property. Talk about needing to get money for someone else, reporting needing to use Venmo or get gift cards for another.
Neglect by others or self	Failure by caregiver or self to provide for safety, physical, or emotional needs.	Unclean appearance, underweight, frail, dehydration. Unpaid bills, threats to disconnect utilities (e.g., electricity, phone, water, heating).	Failure to provide adequate food, clothing, shelter, medical care, hygiene, or social stimulation.
Abandonment	Desertion of a vulnerable elder by anyone with a duty of care.	Evidence that a caretaker has withdrawn care and/or services precipitously.	Being left alone when caregiver goes on vacation, works, or moves. Removing equipment necessary for care.



Risk factors: Elder abuse and neglect

Domain	Risk factor
Individual characteristics	<ul style="list-style-type: none">• Advanced age (over 70)• Gender (women)
Physical and emotional health	<ul style="list-style-type: none">• Behavioral health disorder• Impaired cognitive function• Impaired function (difficulty with activities of daily living)• Chronic disease• Increasing care needs
Social factors	<ul style="list-style-type: none">• Isolation• Dependency on caregiver• Potentially abusive or exploitative caregiver(s)• Cultural/Linguistic barriers
Economic factors	<ul style="list-style-type: none">• Evidence of financial exploitation• Low income or unstable financial status



Reporting elder abuse

Elder abuse reports may be made to the appropriate designated public service agency or the Statewide Elder Abuse Hotline. Anyone can make an elder abuse report. However, the law requires certain professionals to report suspected incidences of abuse. Mandated reporters who fail to make elder abuse reports when appropriate are subject to a fine up to \$1,000.

In addition, the law provides mandated reporters with immunity from any civil or criminal liability that otherwise could result from making a report, provided the reporter did not commit the abuse. Persons who are not mandated reporters have the same immunity, as long as they make a report in good faith.

Phone numbers to report suspected elder abuse, neglect, or exploitation	
Massachusetts	Report online: https://www.mass.gov/protecting-older-adults-from-abuse Massachusetts Elder Abuse Hotline: 1-800-922-2275
Connecticut	Connecticut National Adult Protective Services Association: 1-888-385-4225
New Hampshire	New Hampshire Elder Abuse and Financial Exploitation Unit: 1-888-468-4454 or 1-603-271-3641
Rhode Island	Rhode Island Division of Elderly Affairs Protective Services: 1-401-462-0555 or 1-401-462-3000



Additional information

For additional, up-to-date information about elder abuse and neglect, including 651 CMR 5: Elder Abuse Reporting and Protective Services Program, Mandated Reporter forms and legal assistance for elders, visit the Mass.gov Executive Office of Elder Affairs (EOEA) website at <https://www.mass.gov/orgs/executive-office-of-elder-affairs> and click on “Protect Older Adults from Abuse”.

The National Center on Elder Abuse (NCEA) and its affiliates also publish materials to educate consumers about elder abuse prevention and intervention, including cultural issues surrounding the mistreatment of elders, faith-based outreach, and resources for caregivers, available by topic at <https://ncea.acl.gov/>.

