EAGLE
Elder Abuse Guide *for* Law Enforcement

Elder Abuse First Responder Checklist

Does the elder have any impairments?

☐ Hearing impaired/uses hearing aid

☐ Visually impaired (wears glasses, full or partial blindness, cataracts)

☐ Requires walker, wheelchair or cane

☐ Wears dentures

Does the older adult take medications? If so, list:

_____

_____

Does the older adult anymedical conditions? If so, list:

_____

_____

Can the older adult do the following things independently (without assistance)?

Bathing	☐ Yes	☐ No	☐ Unknown
Dressing	☐ Yes	☐ No	☐ Unknown
Toileting	☐ Yes	☐ No	☐ Unknown
Transferring	☐ Yes	☐ No	☐ Unknown
Continence	☐ Yes	☐ No	☐ Unknown
Ability to use the telephone	☐ Yes	☐ No	☐ Unknown
Transportation	☐ Yes	☐ No	☐ Unknown

Signs of Physical Abuse

Victim's Self Report	☐ Yes	☐ No	☐ Unknown	Victim's Self Report Description
Bruises	☐ Yes	☐ No	☐ Unknown	_____
Black Eyes	☐ Yes	☐ No	☐ Unknown	_____
Lacerations	☐ Yes	☐ No	☐ Unknown	_____
Ligature / Restraint Marks	☐ Yes	☐ No	☐ Unknown	_____
Broken Bones	☐ Yes	☐ No	☐ Unknown	_____
Burns	☐ Yes	☐ No	☐ Unknown	_____
Bite Marks	☐ Yes	☐ No	☐ Unknown	_____
Over / Under Medicated	☐ Yes	☐ No	☐ Unknown	_____
Hair Pulled Out	☐ Yes	☐ No	☐ Unknown	
Uncooperative Caretaker	☐ Yes	☐ No	☐ Unknown	
Weapons	☐ Yes	☐ No	☐ Unknown	

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Signs of Sexual Abuse

Victim's Self Report	☐ Yes	☐ No	☐ Unknown	Victim's Self Report Description
Bruises: Breasts/Genital Area	☐ Yes	☐ No	☐ Unknown	
Torn/Bloody Underclothes	☐ Yes	☐ No	☐ Unknown	
Difficulty Walking/Sitting	☐ Yes	☐ No	☐ Unknown	
Sexually Transmitted Disease	☐ Yes	☐ No	☐ Unknown	
Broken Bones	☐ Yes	☐ No	☐ Unknown	
Burns	☐ Yes	☐ No	☐ Unknown	
Bite Marks	☐ Yes	☐ No	☐ Unknown	
Over / Under Medicated	☐ Yes	☐ No	☐ Unknown	
Hair Pulled Out	☐ Yes	☐ No	☐ Unknown	
Uncooperative Caretaker	☐ Yes	☐ No	☐ Unknown	
Weapons	☐ Yes	☐ No	☐ Unknown	

Signs of Neglect/Cruelty

Victim's Self Report	☐ Yes	☐ No	☐ Unknown	Victim's Self Report Description
Lack of Basic Services	☐ Yes	☐ No	☐ Unknown	
Lack of Assistive Devices	☐ Yes	☐ No	☐ Unknown	
Abandonment	☐ Yes	☐ No	☐ Unknown	
Inappropriate Clothing	☐ Yes	☐ No	☐ Unknown	
Inadequate Heating/Cooling	☐ Yes	☐ No	☐ Unknown	
Bed Sores	☐ Yes	☐ No	☐ Unknown	
Unsafe Environment	☐ Yes	☐ No	☐ Unknown	
Fleas/Lice/Roaches/Rodents	☐ Yes	☐ No	☐ Unknown	
Fecal/Urine Odor/Stains	☐ Yes	☐ No	☐ Unknown	
Lock/Chains on Interior Doors	☐ Yes	☐ No	☐ Unknown	

Signs of Emotional Abuse

Victim's Self Report	☐ Yes	☐ No	☐ Unknown	Victim's Self Report Description
Upset/Agitated	☐ Yes	☐ No	☐ Unknown	
Withdrawn/Non-responsive	☐ Yes	☐ No	☐ Unknown	
Nervous around caregiver/other	☐ Yes	☐ No	☐ Unknown	
Caregiver restricts communication to friends & family	☐ Yes	☐ No	☐ Unknown	
Fearful of saying or doing something wrong	☐ Yes	☐ No	☐ Unknown	

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Signs of Financial Abuse

Victim's Self Report	☐ Yes	☐ No	☐ Unknown	Victim's Self Report Description
Unemployed adults reside in home	☐ Yes	☐ No	☐ Unknown	
New Names on Signature Card(s)	☐ Yes	☐ No	☐ Unknown	
Unauthorized Withdrawal(s)	☐ Yes	☐ No	☐ Unknown	
Abrupt Changes in Will	☐ Yes	☐ No	☐ Unknown	
Disappearance of Funds/Possessions	☐ Yes	☐ No	☐ Unknown	
Unpaid Bills/Adequate Funds	☐ Yes	☐ No	☐ Unknown	
Forged Signature for Transactions	☐ Yes	☐ No	☐ Unknown	
Appearance of Uninvolved Relative	☐ Yes	☐ No	☐ Unknown	
Sudden Transfer of Assets	☐ Yes	☐ No	☐ Unknown	
Unlicensed Personal Care Home	☐ Yes	☐ No	☐ Unknown	
Large purchases for the abuser's benefit	☐ Yes	☐ No	☐ Unknown	
Inappropriate financial reimbursement for services to the elder victim	☐ Yes	☐ No	☐ Unknown	

Signs of Self-Neglect

Dehydration/Malnutrition	☐ Yes	☐ No	☐ Unknown
Lack of Medical Attention	☐ Yes	☐ No	☐ Unknown
Unsafe Living Conditions	☐ Yes	☐ No	☐ Unknown
Unsanitary Living Conditions	☐ Yes	☐ No	☐ Unknown
Inappropriate Clothing	☐ Yes	☐ No	☐ Unknown
Lack of Assistive Devices	☐ Yes	☐ No	☐ Unknown
Inadequate Housing	☐ Yes	☐ No	☐ Unknown