Forensic Research

AUGUST 16, 2017

DEPARTMENT OF JUSTICE
Elder Justice INITIATIVE

JUSTICE FOR VICTIMS
JUSTICE FOR ALL

Office for Victims of Crime
OVC

OVC TTAC
OFFICE FOR VICTIMS OF CRIME Training and Technical Assistance Center

TECHNICAL OVERVIEW

- If you are experiencing any technical issues with the audio for this session, please let us know in the feedback box.
- If you have technical difficulties during the webinar, contact Danielle McLean, who is providing technical support for this webinar. Her email address is dmclean@ovcttac.org.
- Today's session will be recorded and made available on the training website.
- If you have questions, type them in the feedback box. We will address as many as possible throughout the webinar.

Improving Emergency Department Identification of Elder Abuse: Findings from Forensic Research

Tony Rosen, M.D., M.P.H.
Instructor in Medicine
Division of Emergency Medicine

Weill Cornell Medical College

ELDER JUSTICE INITIATIVE

- The **mission** is to support and coordinate the Department of Justice's enforcement and programmatic efforts to combat elder abuse, neglect, and financial fraud and scams that target older adults.

- The Initiative does so by—
  - Promoting justice for older adults.
  - Helping older victims and their families.
  - Enhancing state and local efforts through training and resources.
  - Supporting, organizing, and presenting research to improve elder abuse policy and practice.

ElderJustice.gov

Introducing

Anthony E. Rosen, M.D., M.P.H., is an instructor of medicine at the Weill Cornell Medical College and a practicing emergency physician at New York-Presbyterian Hospital.

Improving Emergency Department Identification of Elder Abuse: Findings from Forensic Research

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Discussion with:
Sidney M. Stahl, Ph.D.
USDOJ Research Consultant

DISCLOSURE OF COMMERCIAL RELATIONSHIP(S)

No financial conflicts of interest to disclose.

Elder Abuse Research Supported By

R03 GEMSSTAR (2014-6)
Grants for Early Medical/Surgical Specialists' Transition to Aging Research

NIH National Institute on Aging

Jahnigen Scholarship
Supplemental career development award

EMF Emergency Medicine Foundation
research • education • patient care

Society for Academic Emergency Medicine

AGS

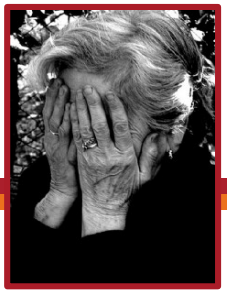
Additional Funding Recently Received

K76 Beeson (2016-21)
Paul B. Beeson Emerging Leaders in Aging Career Development Award

NIH National Institute on Aging

Foundation Support

ELDER ABUSE



- Common and has serious consequences
  - *10% experience abuse or neglect each year*
  - *Victimization increases risk of mortality, emergency department presentation, hospitalization, nursing home placement, depression*

- Under-recognized and under-reported
  - *As few as 1 in 24 cases identified*

IDENTIFYING ELDER ABUSE

ED AN IMPORTANT OPPORTUNITY

- Evaluation by health care provider may be only time abused older adult leaves the home

- Abuse victim less likely to see a primary care provider, more likely to present to an ED
    - *EDs typically manage acute injuries and illnesses*

IDENTIFYING ELDER ABUSE

HEALTH CARE AN IMPORTANT OPPORTUNITY

- Evaluation by health care provider may be only time abused older adult leaves the home
- Abuse victim less likely to see a primary care provider, more likely to present to an ED
  - *EDs/hospitals typically manage acute injuries and illnesses*

ED may be an ideal opportunity to identify and intervene

- Varied disciplines observing a patient
- Evaluation typically prolonged
- Resources available 24/7

BUT...

IDENTIFYING ELDER ABUSE IN THE ED

BARRIERS/DISINCENTIVES


CLINICAL INVESTIGATIONS

Diagnosis of Elder Abuse in U.S. Emergency Departments

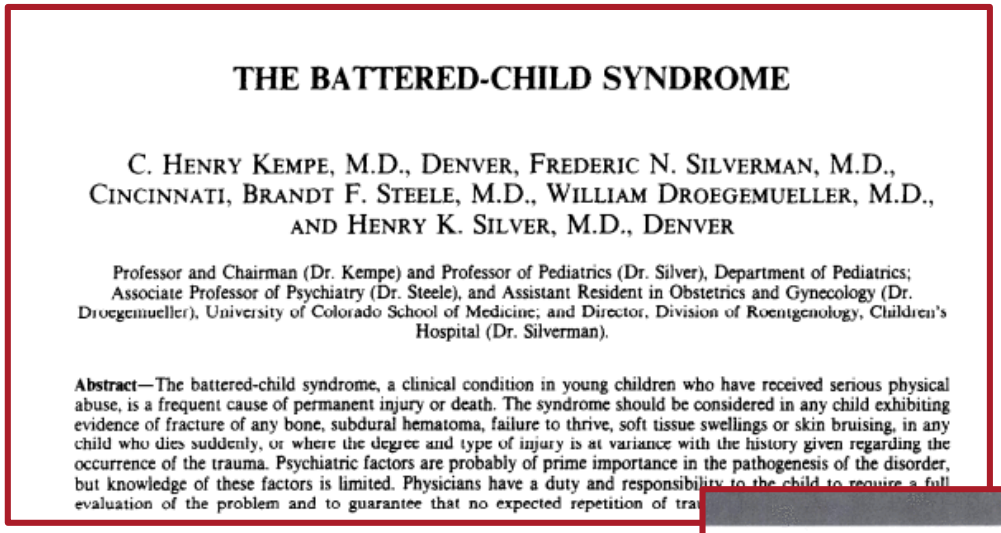
ED providers seldom identify or report

- Lack of time to conduct a thorough evaluation
- Lack of awareness or inadequate training
- Fear and distrust of the legal system
- Denial by patient him/herself
- Ambiguities surrounding decisionmaking capacity in victimized older adults
- Absence of a protocol for a streamlined response

Difficulty distinguishing abuse from accidental trauma or illness

CHALLENGES IN ELDER ABUSE FORENSICS

FORENSICS IN CHILD ABUSE DETECTION

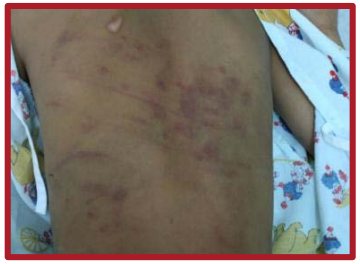


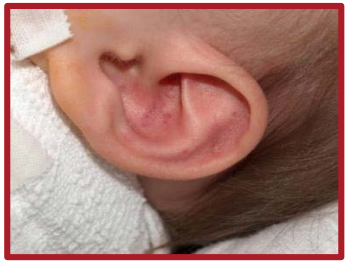
THE BATTERED-CHILD SYNDROME

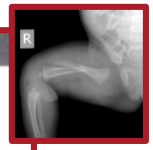
C. HENRY KEMPE, M.D., DENVER, FREDERIC N. SILVERMAN, M.D., CINCINNATI, BRANDT F. STEELE, M.D., WILLIAM DROEGEMUELLER, M.D., AND HENRY K. SILVER, M.D., DENVER

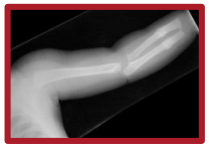
Professor and Chairman (Dr. Kempe) and Professor of Pediatrics (Dr. Silver), Department of Pediatrics; Associate Professor of Psychiatry (Dr. Steele), and Assistant Resident in Obstetrics and Gynecology (Dr. Droegemueller), University of Colorado School of Medicine; and Director, Division of Roentgenology, Children's Hospital (Dr. Silverman).

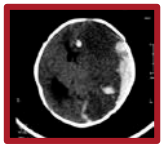
Abstract—The battered-child syndrome, a clinical condition in young children who have received serious physical abuse, is a frequent cause of permanent injury or death. The syndrome should be considered in any child exhibiting evidence of fracture of any bone, subdural hematoma, failure to thrive, soft tissue swellings or skin bruising, in any child who dies suddenly, or where the degree and type of injury is at variance with the history given regarding the occurrence of the trauma. Psychiatric factors are probably of prime importance in the pathogenesis of the disorder, but knowledge of these factors is limited. Physicians have a duty and responsibility to the child to require a full evaluation of the problem and to guarantee that no expected repetition of tra



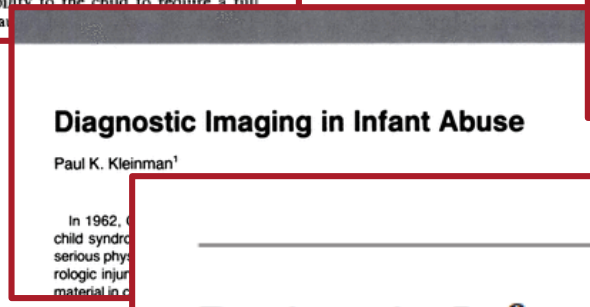








- Bruising of ears, cheeks, buttocks, palms, soles, neck, genitals
- Bruising not over bony prominences
- Bruising in children too young to ambulate
- Metaphyseal fracture
- Multiple posterior rib fractures
- Spinous process fractures
- Burn with immersion pattern
- Subdural hematoma
- Retinal hemorrhages



Diagnostic Imaging in Infant Abuse

Paul K. Kleinman[1]

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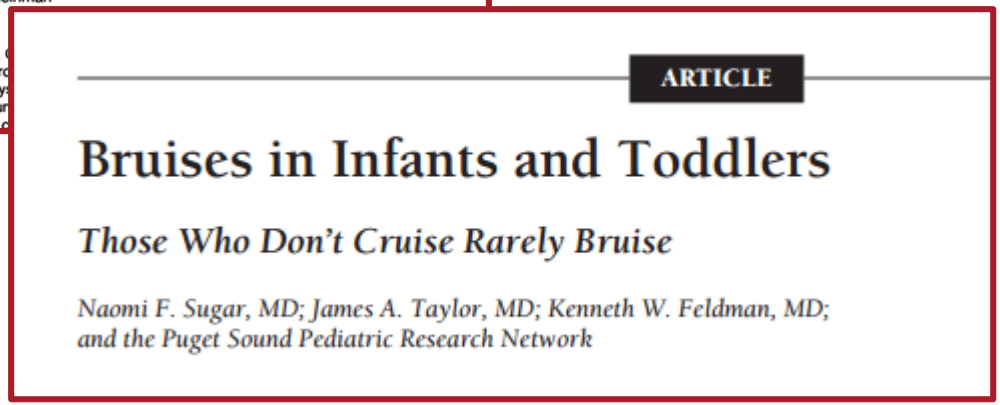


ARTICLE

Bruises in Infants and Toddlers

Those Who Don't Cruise Rarely Bruise

Naomi F. Sugar, MD; James A. Taylor, MD; Kenneth W. Feldman, MD; and the Puget Sound Pediatric Research Network

ELDER ABUSE VS. CHILD ABUSE

CONFIDENTLY IDENTIFYING ELDER ABUSE IS HARDER

- Physiologic changes in aging
- Common medications
- Varied functional status

MUCH LESS EVIDENCE TO ASSIST IN ELDER ABUSE FORENSICS

More than 1,000 peer-reviewed articles systematically examining child abuse-related injuries

vs.

Distinguishing abuse from accidental trauma or illness

OBJECTIVE

To identify *injury patterns* associated with physical elder abuse

IMPROVING IDENTIFICATION OF ABUSE

METHODOLOGIC CHALLENGE

Identifying definitive instances of elder abuse to study in detail

SOLUTION

- Comprehensive analysis of legal files from highly adjudicated physical elder abuse cases in which the presence of abuse is indisputable
  - *Focus on photographs of injuries, medical records*

Brooklyn District Attorney
Elder Abuse Unit

IMPROVING IDENTIFICATION OF ABUSE

COMPARING INJURY PATTERNS

Case-control study comparing injury patterns, physical findings, forensic biomarkers, and photographic evidence from

Physical elder abuse victims

to

Geriatric patients presenting to the Emergency Department after accidental fall

OVERCOMING METHODOLOGIC ISSUES

PHOTOGRAPHY PROTOCOL

Developed and evaluated a standardized protocol for photographing injuries by non-photographers in the acute care setting

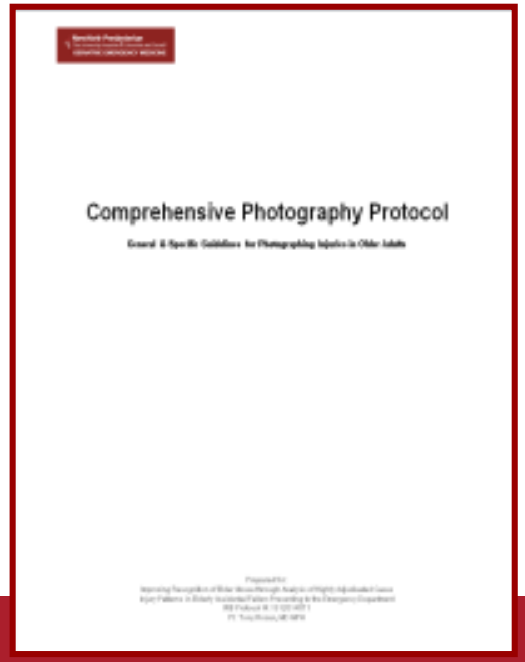

Comprehensive Photography Protocol

Figure: Photos Required for Each Injury

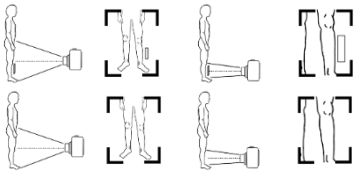
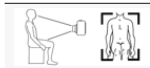
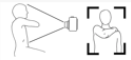
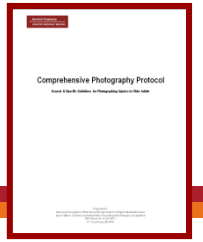


Table: Body Positioning to Photograph Injuries on the Arm

Diagram	Region of the Arm
	Radial / Anterolateral Surface
	Dorsal / Lateral Surface
	Ulnar / Posterolateral Surface
	Volar / Medial Surface
	Elbow

Bloemen EM, Rosen T, Cline Schiroo JA, Clark S, Mulcare MR, Stern ME, Mysliwiec R, Flomenbaum NE, Lachs MS, Hargarten S. Photographing Injuries in the Acute Care Setting: Development and Evaluation of a Standardized Protocol for Research, Forensics, and Clinical Practice. Acad Emerg Med. 2016 May;23(5):653 9.

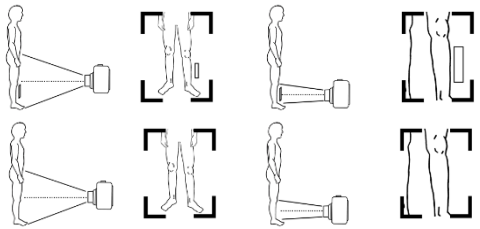
PHOTOGRAPHY PROTOCOL



General Principles

- Include identifiable information
- Use a ruler & color guide
- 90˚ angle to the injury
- Hold the ruler 1-2” off the skin
- Cover the patient as much as possible

Figure: Photos Required for Each Injury



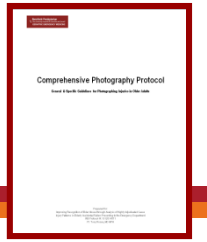
X4 4 photos of each injury

#1: Distance photo with ruler
#2: Distance photo without ruler
#3: Close-up photo with ruler
#4: Close-up photo without ruler

ZOOM Super-close-ups for small injuries

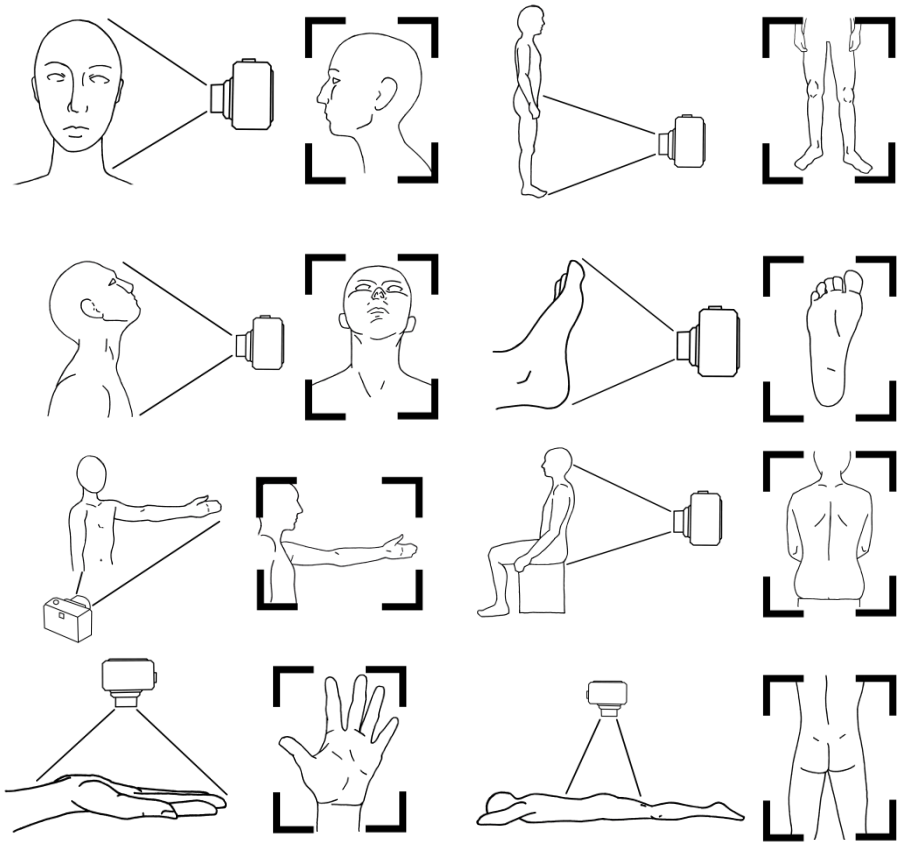
- Use Zoom function to place injury in majority of viewfinder.
- Document zoom setting used.
- Take photographs with (#5) and without (#6) the ruler

PHOTOGRAPHY PROTOCOL



Appropriate body positioning for 8 body regions

- Skull/Brain
- Maxillofacial/Dental/Neck
- Arms
- Hands
- Legs
- Feet
- Chest/Abdomen/Back
- Pelvis/Buttocks



PHOTOGRAPHY PROTOCOL

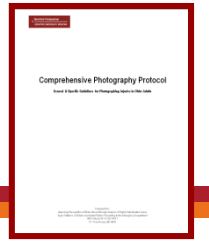
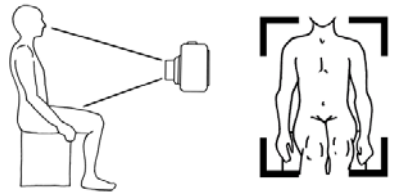
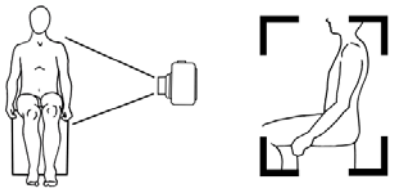
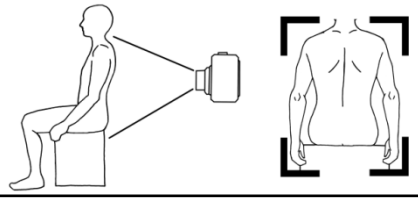
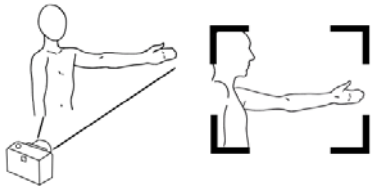
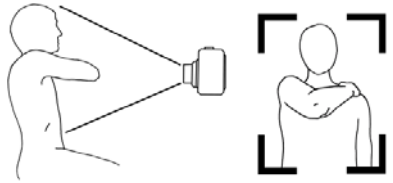
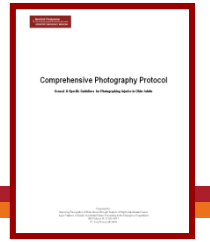
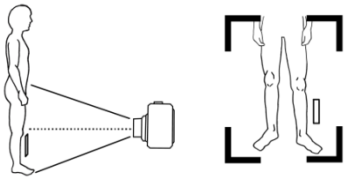


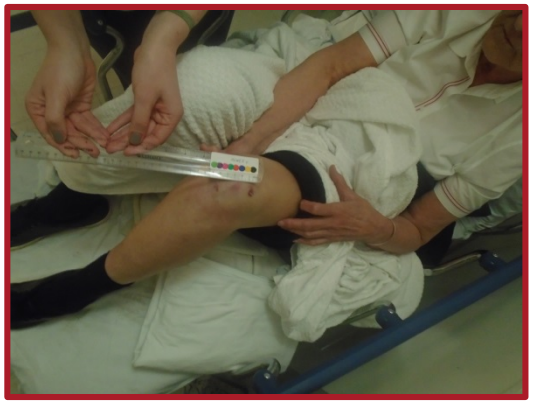
Diagram	Description	Injury Location(s)
	Have the subject sit with their arm at their side and relaxed. Stand in front of the subject facing them with your shoulders parallel to theirs, and position yourself directly in front of the injured arm.	Radial/anterolateral surface
	Have the subject sit with their arm at their side and relaxed. Stand directly to the side of the subject, so that their shoulders and your shoulders are perpendicular.	Dorsal/lateral surface
	Have the subject sit with their arm at their side and relaxed. Stand behind the subject facing the back of their head with your shoulders parallel to theirs, and position yourself directly behind the injured arm.	Ulnar/posterolateral surface
	Move to stand across the bed from the subject's injured arm. Stand so that their shoulders and your shoulders are perpendicular. Have the other RA stand directly in front of and to the side of the injured arm. Have the subject hold their arm straight out, thumb up, and place their hand in the other RA's hand.	Volar/medial surface
	Have the subject take their hand with the injured arm and place it on their opposite shoulder. Stand directly in front of the subject.	Elbow

PHOTOGRAPHY PROTOCOL

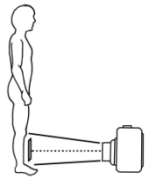


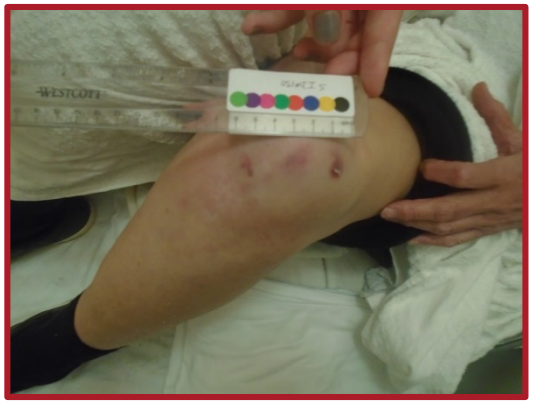
#1 Distance Photo With Ruler

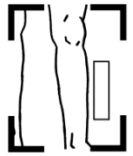




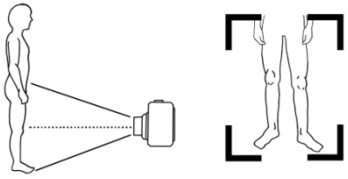
#3 Close-Up Photo With Ruler

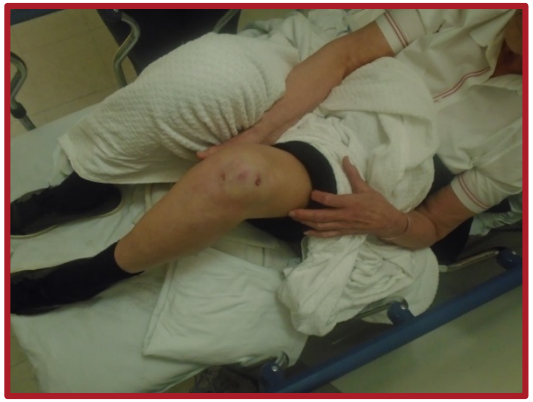




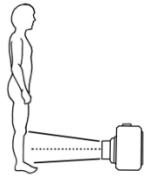


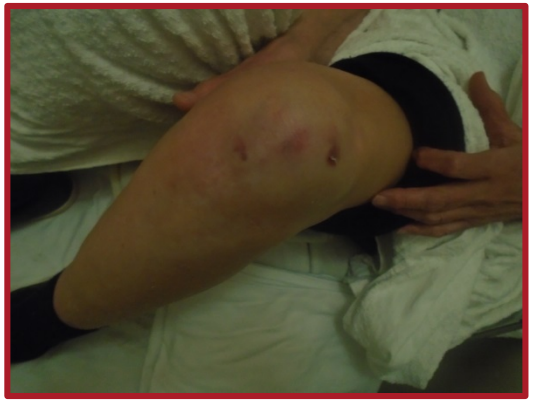
#2 Distance Photo Without Ruler

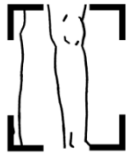




#4 Close-Up Photo Without Ruler



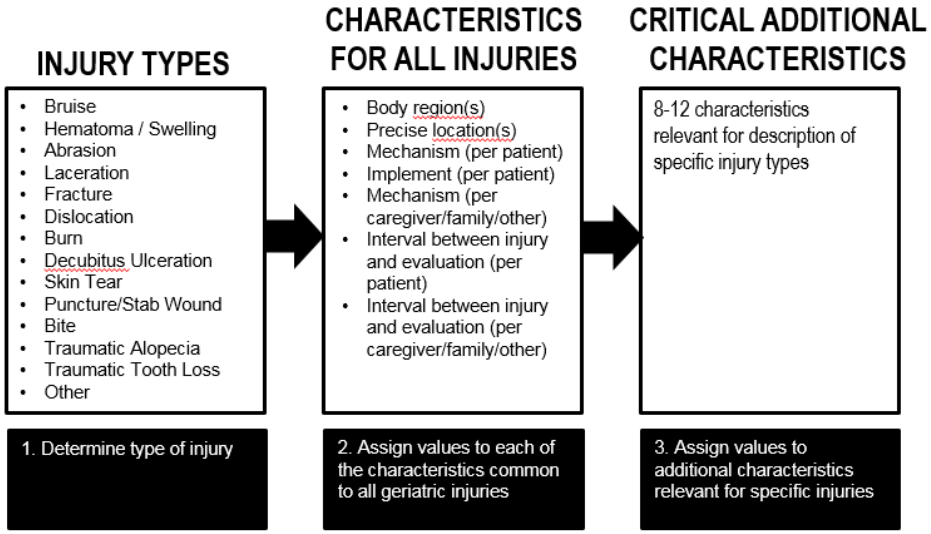


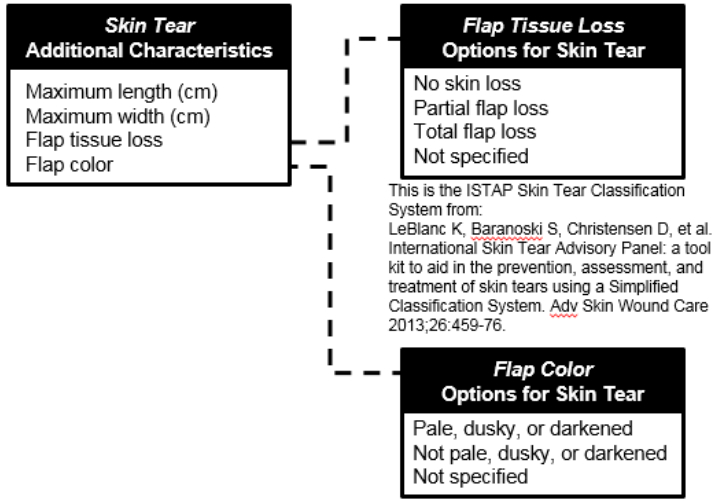


OVERCOMING METHODOLOGIC ISSUES

CLASSIFICATION SYSTEM

Developed a comprehensive classification system/taxonomy to describe geriatric injuries





This is the ISTAP Skin Tear Classification System from:
LeBlanc K, Baranoski S, Christensen D, et al. International Skin Tear Advisory Panel: a tool kit to aid in the prevention, assessment, and treatment of skin tears using a Simplified Classification System. Adv Skin Wound Care 2013;26:459-76.

Rosen T, Reisig C, LoFaso VM, Bloemen EM, Clark S, McCarthy TJ, Mtui EP, Flomenbaum NE, Lachs MS. Describing visible acute injuries: development of a comprehensive taxonomy for research and practice. Inj Prev. 2016 Dec 2.

RESEARCH UPDATE/PRELIMINARY FINDINGS

- Have examined 100 cases of physical elder abuse, enrolled 300 fall victims in NYP/WCMC ED

Table 1: Characteristics of injuries of physical elder abuse victims vs. matched geriatric accidental fall victims presenting to an urban ED

	abuse victims %	fall victims %	p-value
Injury type			
Bruise	75	54	0.009
Abrasion	32	51	0.03
Laceration	35	22	0.10
Fracture	7	33	<0.001
Skin Tear	2	6	0.37
Other	11	18	0.24
Multiple injury types	45	58	0.12
Body region(s) injured			
Maxillofacial/dental/neck	63	33	0.001
Upper extremity	40	36	0.62
Chest/abdomen/back	25	12	0.06
Skull/brain	18	7	0.06
Lower extremity	9	43	<0.001
Pelvis/buttocks	2	15	0.009
Multiple body regions injured	43	34	0.30

RESEARCH UPDATE/PRELIMINARY FINDINGS

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Skull/brain	18	7	0.06
Lower extremity	9	43	<0.001
Pelvis/buttocks	2	15	0.009
Multiple body regions injured	43	34	0.30

RESEARCH UPDATE/PRELIMINARY FINDINGS

- Have examined 100 cases of physical elder abuse, enrolled 300 fall victims in NYP/WCMC ED

Table 1: Characteristics of injuries of physical elder abuse victims vs. matched geriatric accidental fall victims presenting to an urban ED

	abuse victims %	fall victims %	p-value
Injury type			
Bruise	75	54	0.009
Abrasion	32	51	0.03
Laceration	35	22	0.10
Fracture	7	33	<0.001
Skin Tear	2	6	0.37
Other	11	18	0.24
Multiple injury types	45	58	0.12
Body region(s) injured			
Maxillofacial/dental/neck	63	33	0.001
Upper extremity	40	36	0.62
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RESEARCH UPDATE/PRELIMINARY FINDINGS

FOCUS ON PRECISE LOCATIONS

- Physical elder abuse victims were more likely to have injuries in the:
  - **Left peri-orbital area** (20% vs. 7%, p=0.04)
    Supports existing literature examining younger adult assault victims, which has found that left-sided facial injuries are more frequent after assault than right-sided, likely because most assailants are right-handed
  - **Ulnar forearm** (10% vs. 2%, p=0.06)
    Confirms previous research and the hypothesis that this pattern of injury may occur when a victim defends him/herself from an abuser
  - **Neck** (9% vs. 0%, p=0.01)
    Confirms our finding in examination of National Trauma Databank

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May represent potentially pathognomonic injury patterns

PRELIMINARY CONCLUSIONS

- Specific, clinically identifiable differences may exist between unintentional injuries and those from physical elder abuse
  - Bruising and injuries on the maxillofacial/dental/neck region, particularly the left peri-orbit, more common in abuse
  - Injuries to the ulnar forearm and neck occurred in abuse but very seldom in accidental injury

LIMITATIONS

- Information in legal case files not intended for research often incomplete, with photographs and/or medical records missing
- Focusing on highly adjudicated cases elucidates characteristics only of elder abuse victims that have been identified
- Comparison group of ED fall victims may differ significantly from cases in unmeasured ways
- Patterns in elder abuse injury in a single urban area may not be generalizable

FUTURE RESEARCH/NEXT STEPS

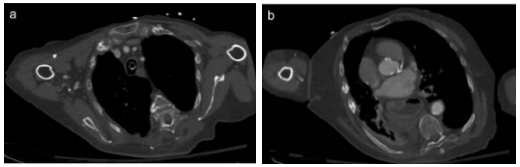
- Prospectively enroll and comprehensively evaluate victims of physical elder abuse to test our injury pattern findings

- Derive and validate a clinical prediction rule to assist busy clinical providers in identifying physical elder abuse

NIH National Institute on Aging

K76 Beeson (2016-21)
Paul B. Beeson Emerging Leaders in Aging Career Development Award

EMPOWERING RADIOLOGISTS



Play a critical role in the detection of child abuse in the ED, *but imaging correlates of elder abuse have not been described*

Qualitative Interview Research: Diagnostic Radiology Perspectives

- Few radiologists reported receiving any formal or informal training in elder abuse detection
- Even experienced radiologists reported ***never*** having received a request from a referring physician to assess images for evidence suggestive of elder abuse

Health Care Policy and Quality • Original Research

Radiologists' Training, Experience, and Attitudes About Elder Abuse Detection

Tony Rosen[1]
Elizabeth M. Bloemen[2]
Jasmin Harpe[1,3]
Allen M. Sanchez[4]
Kevin W. Mennitt[4]
Thomas J. McCarthy[1]
Reiky Nicola[4]
Kieran Murphy[4]
Veronica M. LoFaso[2]
Neal Flomenbaum[1]
Mark S. Lachs[1]

OBJECTIVE. Elder abuse is underrecognized, and identification of subtle cases requires a high index of suspicion among all health care providers. Because many geriatric injury victims undergo radiographic imaging, diagnostic radiologists may be well positioned to identify injury patterns suggestive of abuse. Little is known about radiologists' experience with elder abuse. Our goal was to describe knowledge, attitudes, training, and practice experience of elder abuse detection among diagnostic radiologists.

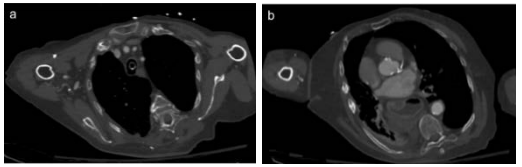
SUBJECTS AND METHODS. We conducted 19 interviews with diagnostic radiologists at a large urban academic medical center using a semistructured format. Data from these sessions were coded and analyzed to identify themes.

RESULTS. Only two radiologists reported any formal or informal training in elder abuse detection. All subjects believed they had missed cases of elder abuse. Even experienced radiologists reported never having received a request from a referring physician to assess images for evidence suggestive of elder abuse. All subjects reported a desire for additional elder abuse training. Also, subjects identified radiographic findings in patients potentially suggestive of elder abuse, including high-energy injuries such as upper rib fractures, injuries in multiple stages of healing, and injuries inconsistent with reported mechanism.

CONCLUSION. Radiologists are uniquely positioned to identify elder abuse. Though training to detection is currently lacking, providers expressed a desire for increased knowledge. In addition, radiologists were able to identify radiographic findings suggestive of elder abuse. On the basis of these findings, we plan to conduct additional studies to define pathognomonic injury patterns and to explore how to empower radiologists to incorporate detection into their practice.

Keywords: elder abuse, elder abuse radiology findings, geriatric trauma, intentional injury

Rosen T, Bloemen EM, Harpe J, Sanchez AM, Mennitt KW, McCarthy TJ, Nicola R, Murphy K, LoFaso VM, Flomenbaum N, Lachs MS. Radiologists' training, experience, and attitudes about elder abuse detection. AJR Am J Roentgenol. 2016 Dec;207(6):1210 1214.



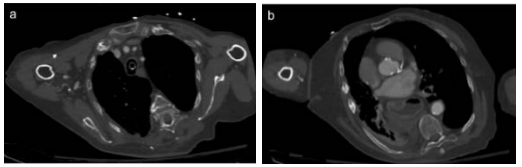
Believe imaging correlates of elder abuse likely exist

Table 2: Radiographic Findings Potentially Suggestive of Elder Abuse, Per Radiologists

Upper/posterior/multiple rib fractures
Multiple subdural hematomas (particularly of different ages)
Skull fracture
Small bowel hematomas
Injuries in multiple stages of healing
Injuries inconsistent with mechanism
Multiple fractures and head trauma
Spiral fracture
Brain volume loss secondary to malnutrition
Decubitus ulcers

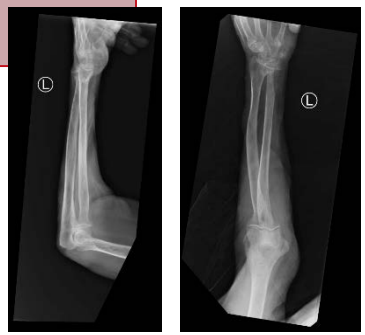
Rosen T, Bloemen EM, Harpe J, Sanchez AM, Mennitt KW, McCarthy TJ, Nicola R, Murphy K, LoFaso VM, Flomenbaum N, Lachs MS. Radiologists' training, experience, and attitudes about elder abuse detection. AJR Am J Roentgenol. 2016 Dec;207(6):1210 1214.

EMPOWERING RADIOLOGISTS



Reviewing case where victim reported being struck by cane and alleged abuser reported “he fell”

Ulna does not anatomically support the wrist, so you wouldn’t expect distal or mid-shaft ulnar fractures after a FOOSH

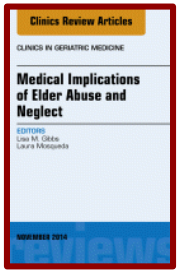


This supports our research that ulnar forearm injured in physical elder abuse but not unintentional falls

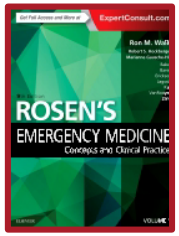
Imaging Findings in Elder Abuse: A Role for Radiologists in Detection

Wong NZ, Rosen T, Sanchez AM, Mennitt KW, Hentel K, Nicola R, Murphy K, LoFaso VM, Flomenbaum N, Lachs MS. Imaging findings in elder abuse: A role for radiologists in detection. Can Assoc Radiol J. 2016 Oct 13. pii: S0846 5371.

ELDER ABUSE FORENSICS: STATE-OF-THE-ART



Gibbs LM, Mosqueda L, eds. Medical Implications of Elder Abuse and Neglect. Clinics in Geriatric Medicine 2014 Nov;30(4):iii-902



Rosen T, Stern ME. Chapter 186. Abuse of and Neglect of the Elderly. Rosen's Emergency Medicine, 9th Edition.

IDENTIFYING ELDER ABUSE

Physical Signs Suspicious for Potential Elder Abuse

- PHYSICAL ABUSE
- SEXUAL ABUSE
- NEGLECT

POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

PHYSICAL ABUSE

- Bruising in atypical locations
- Patterned injuries
- Wrist or ankle lesions or scars
- Burns
- Multiple fractures or bruises of different ages
- Traumatic alopecia or scalp hematomas
- Subconjunctival, vitreous, or retinal ophthalmic hemorrhages
- Intraoral soft tissue injuries

Some "falls" are actually abuse

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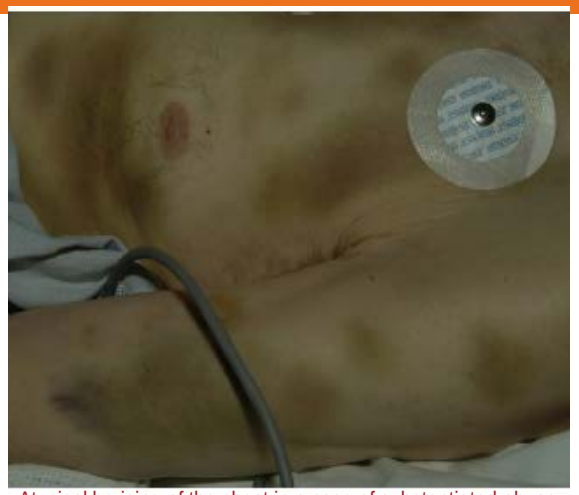
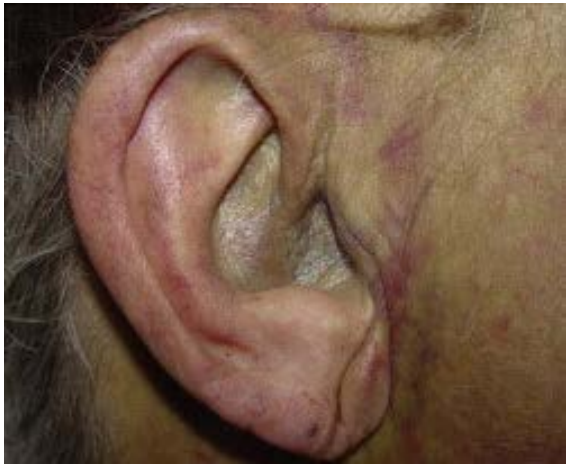
- Intraoral soft tissue injuries

- *Not over bony prominences*
- *On lateral arms, back, face, ears, or neck*



Atypical bruising of the chest in a case of substantiated abuse

Photo courtesy of: Center of Excellence on Elder Abuse and Neglect, University of California, Irvine, CA



Bruising on ear in abused elderly woman

Photo from: Palmer M, Brodell RT, Mostow EN. Elder abuse: dermatologic clues and critical solutions. J Am Acad Dermatol. 2013 Feb;68(2):e37-42.

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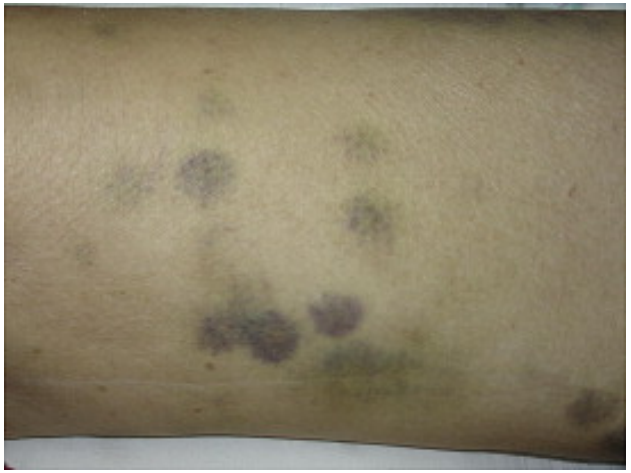
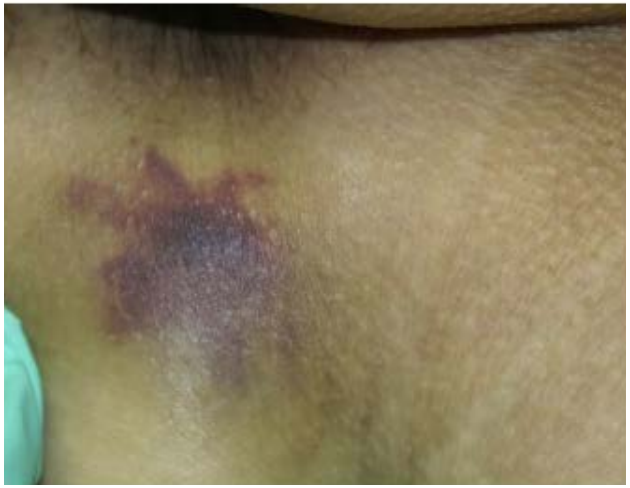
- Intraoral soft tissue injuries

- *Bite marks*
- *Injury consistent with the shape of a belt buckle, fingertip, or other object*



Fingertip-patterned bruising on medial aspect of thigh

Photo from: Palmer M, Brodell RT, Mostow EN. Elder abuse: dermatologic clues and critical solutions. J Am Acad Dermatol. 2013 Feb;68(2):e37-42.



Pattern bruise on the left buttock from unknown object

Photo courtesy of: L. Gibbs, MD, Orange, CA

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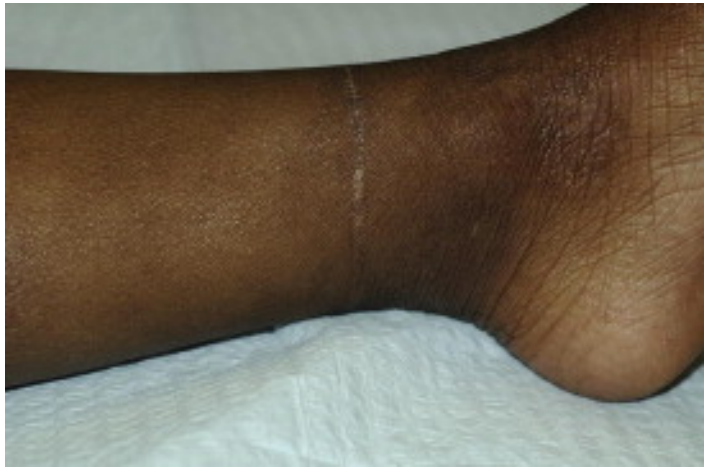
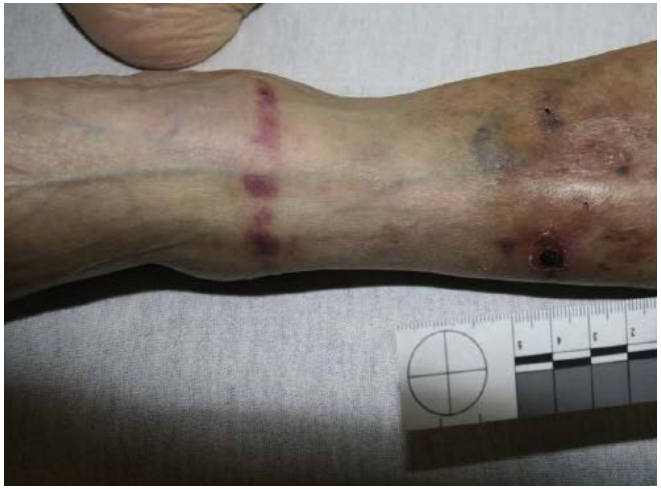


Ligature mark created by wire used as restraint

Photo from: Palmer M, Brodell RT, Mostow EN. Elder abuse: dermatologic clues and critical solutions. J Am Acad Dermatol. 2013 Feb;68(2):e37-42.



Pattern bruising on lower leg from a ligature

Photo courtesy of: L. Gibbs, MD, Orange, CA

Suggesting restraint

POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

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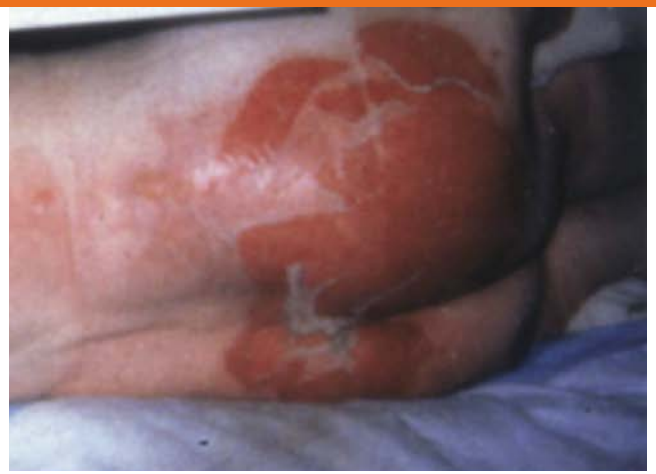
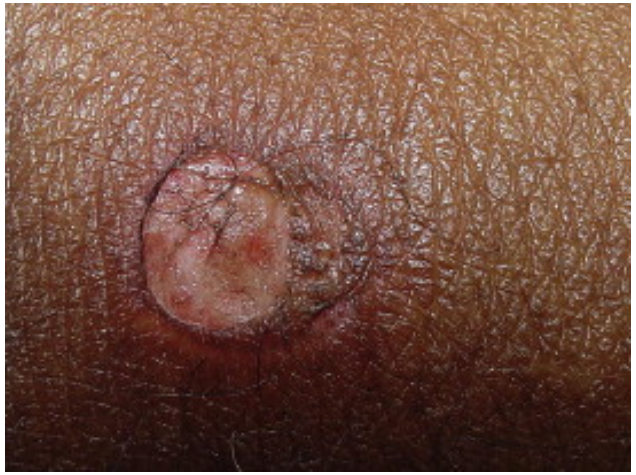
Particularly stocking/glove pattern suggesting forced immersion or cigarette pattern



Burn injuries on the back and buttocks from scalding water
Photo courtesy of: Center of Excellence on Elder Abuse and Neglect, University of California, Irvine, CA



70-year-old burned by cigarette
Photo from: Palmer M, Brodell RT, Mostow EN. Elder abuse: dermatologic clues and critical solutions. J Am Acad Dermatol. 2013 Feb;68(2):e37-42.

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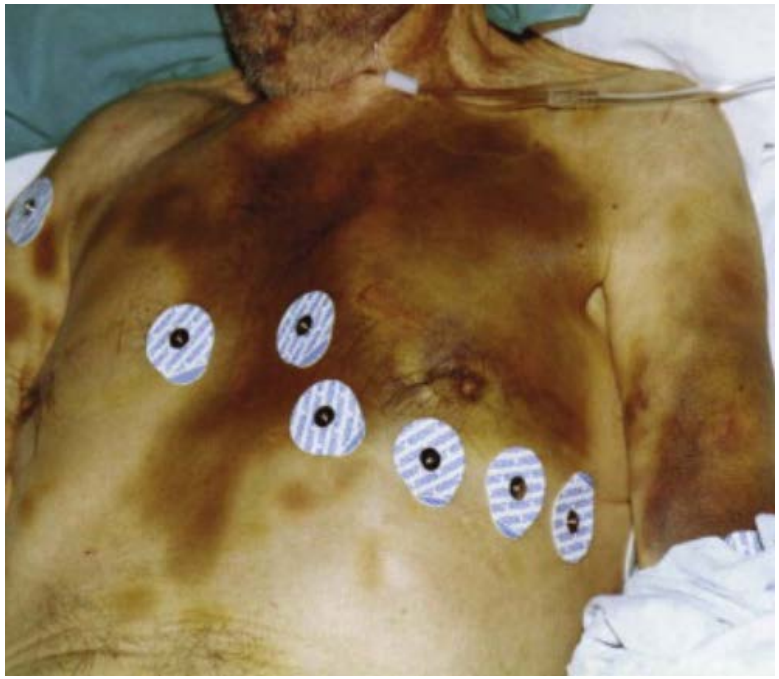
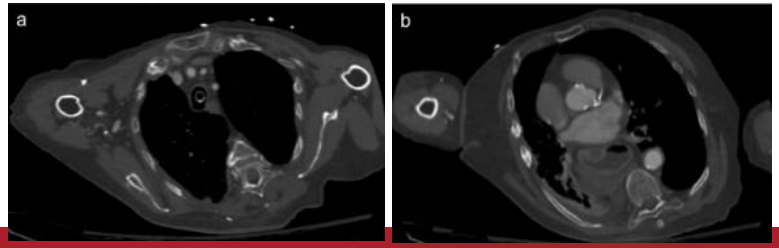


Contusions at varying stages of healing on his chest and arms as well as a linear patterned injury across left anterior chest

Photo courtesy of: D. C. Homeier



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POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

SEXUAL ABUSE

- Genital, rectal, or oral trauma
- Evidence of sexually transmitted disease

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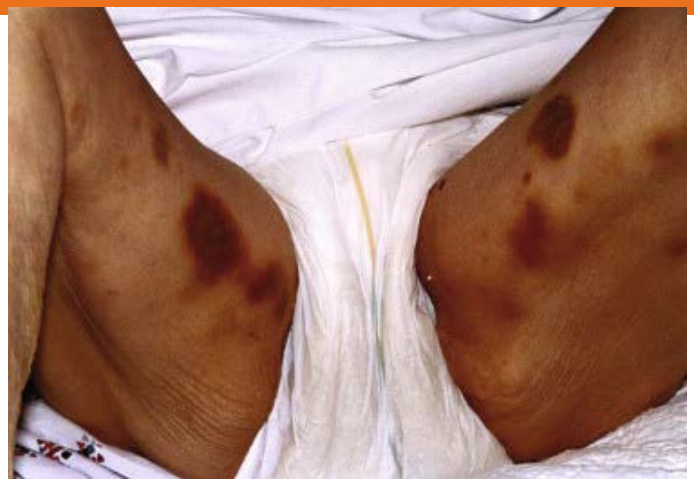

Bruises on bilateral inner thighs of nursing home resident suggestive of sexual abuse

Photo courtesy of D.C. Homeier

Including erythema, bruising, lacerations

POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

SEXUAL ABUSE

- Genital, rectal, or oral trauma
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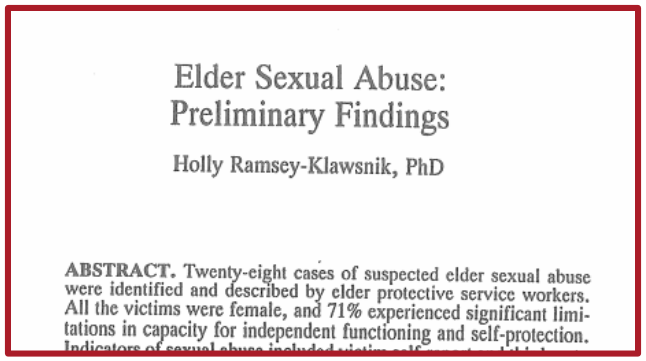

Elder Sexual Abuse:
Preliminary Findings

Holly Ramsey-Klawsnik, PhD

ABSTRACT. Twenty-eight cases of suspected elder sexual abuse were identified and described by elder protective service workers. All the victims were female, and 71% experienced significant limitations in capacity for independent functioning and self-protection.

POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

NEGLECT

- Cachexia/malnutrition
- Dehydration
- Pressure sores/decubitus ulcers
- Poor body hygiene, unchanged diaper
- Dirty, severely worn clothing
- Elongated toenails
- Poor oral hygiene

POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

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Muscle wasting, temporal wasting, sunken eyes

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Dry mucous membranes, sunken eyes, skin tenting, severe constipation/fecal impaction

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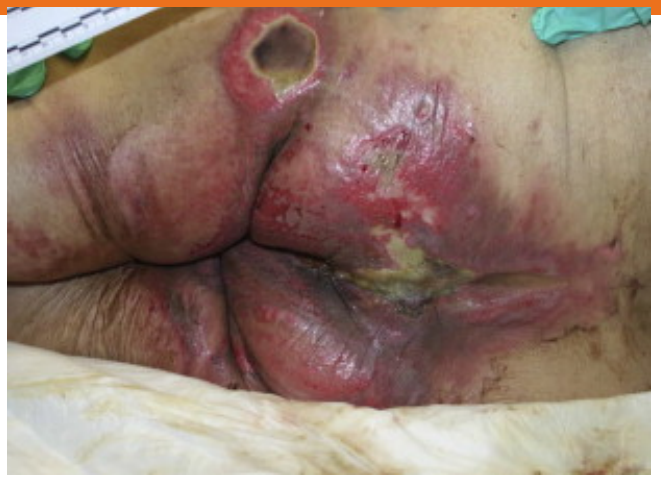
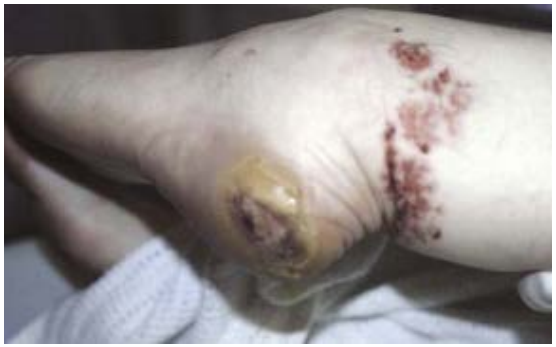


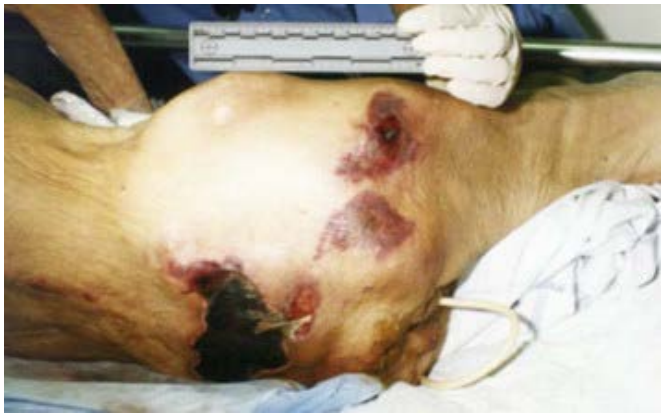
Case of elder abuse neglect showing MASD and ulcers in the sacrum, buttocks, and thighs

Photo courtesy of L. Gibbs, MD, Orange, CA.



Heel pressure ulcer likely due to restraint evidenced by circumferential ankle bruising

Photo courtesy of: D.C. Homeier



Pressure sores in neglected patient

Photo courtesy of D.C Homeier

POTENTIALLY SUSPICIOUS PHYSICAL SIGNS

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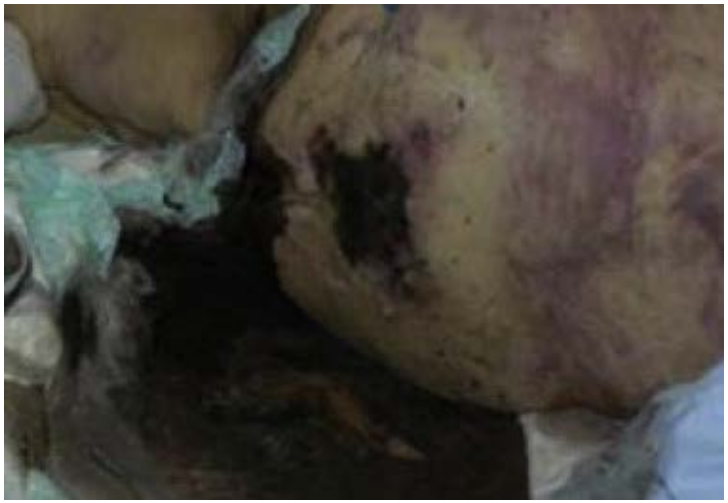

Sacral decubitus ulcer embedded with feces in a case of elder neglect.
Photo courtesy of: Center of Excellence on Elder Abuse and Neglect, University of California, Irvine, CA

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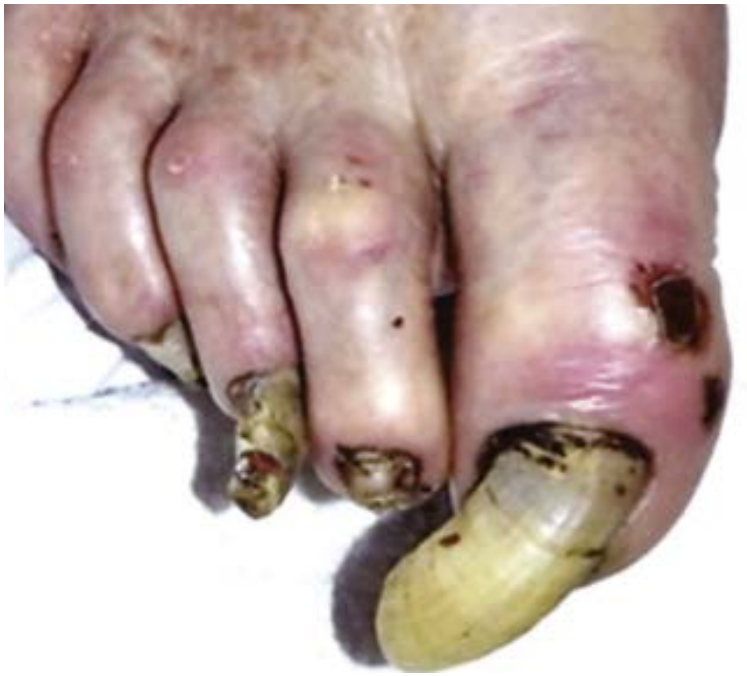

Elongated toenails in neglect victim.
Photo courtesy of: D.C. Homeier

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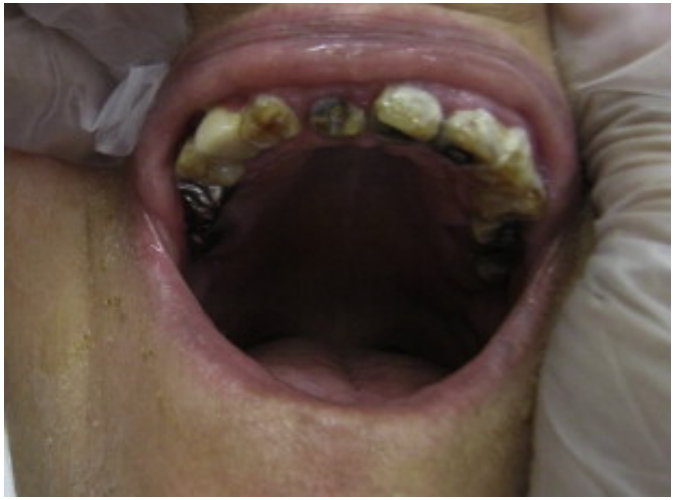

Poor dentition in a substantiated case of dependent adult neglect.
Photo courtesy of: L. Gibbs, MD, Orange, CA

NOVEL INTERVENTION

Designing the first-of-its-kind, ED-based, multidisciplinary team

Weill Cornell Medicine
Vulnerable Elder Protection Team

Consultation service available 24/7 to assess, treat, and ensure the safety of elder abuse/neglect victims, while also collecting evidence, when appropriate, and working closely with the authorities.

Increase identification and reporting and decrease burden on ED providers

similar to existing child protection teams

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- Emergency Medicine Foundation
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- Weill Cornell Division of Emergency Medicine
- Weill Cornell Division of Geriatrics and Palliative Medicine

Thank you! Any questions?

Questions & Helpful Links

Suggestions can be emailed to

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