

Collecting Evidence in Cases of Elder Physical Abuse and Caregiver Neglect

OCTOBER 23, 2017

DEPARTMENT OF JUSTICE









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 Jason Adams, who is providing technical support for this webinar. His email address is jadams@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.
- Due to the nature of the topic being discussed today, images that may be considered graphic will be used. Please use your discretion when viewing.

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 research to improve elder abuse policy and practice.





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ELDER JUSTICE INITIATIVE (EJI)

Q REPORT ABUSE OR FIND HELP

New on ElderJustice.gov

EJI launches the MDT Toolkit and Guide for elder abuse case review MDTs



Elder abuse is a complex issue that intersects with many disciplines.

Elder abuse can happen to anyone. It affects people of every ethnic background, gender, and financial status.

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Elder Justice Initiative October 23, 2017

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WARNING: Next slide contains graphic photos

Elder Abuse

The legal definition varies among states and territories

Elder or Dependent Adult California Penal Code

 PC 368(g) An elder is defined as age 65 years or older

PC 368(h) A dependent adult is defined as 18–64
 years old, and is physically or mentally challenged

Elder/Dependent Adult Abuse 368(b)(1) California Penal Code

Anyone who reasonably knows that a person is an elder or dependent adult, and under circumstances likely to produce great bodily harm or death, willfully causes or permits an elder/dependent adult to suffer or inflicts unjustifiable physical pain or mental suffering...

• ... or having the care or custody of an elder/dependent adult, willfully causes or permits the person/health of the elder/dependent to be injured, or willfully causes or permits the elder/dependent adult to be placed in a situation in which his/her person or health is endangered

IS GUILTY OF A CRIME!

Caregiver

- Elder abuse is typically committed by a caregiver or person in a position of trust
- Adult child
- Grandchild
- Spouse
- Paid caretaker or opportunist

Statistics

Between 1950 and 2000 the elder population increased by 78%

 10,000 people turn 65 years old each day in the United States

 Senior citizens are the fastest growing segment of the population

Categories of Elder Abuse

- Physical
- Financial
- Neglect
- Sexual
- Emotional

Why Don't Victims Report Abuse?

- Incapacitated due to illness
- Lack capacity
- Perpetrator is a relative or "trusted" caregiver
- Fear of "the home"
- Reports are made by medical personnel, banks, family members

Physical Abuse and Caretaker Neglect

Physical Abuse May Include

- Unnecessary administration or withholding of drugs
- Misuse of physical restraints
- False imprisonment
- Unnecessary force feeding
- Prolonged deprivation of food or water
- Shaking, slapping, pushing, hitting, kicking, burning

WARNING: Next slides contain graphic photos

Indicators of Physical Abuse

• Bruises:

face, neck, torso, lateral arms
(Bruising as a Marker of Physical Elder Abuse. JAGS 2009 Jul;57(7):1191-6)

- Fractures
- Scalding
- Ligature marks
- Injuries that match hands, fingers, or objects
- Injuries that do not match the story

Indicators of Physical Abuse

- Injuries that match, or don't match, the environment
- Injuries that do not corroborate the story
- Isolation
- Financial abuse/ exploitation

Bruising as Evidence

Bruising I:

- Cannot reliably predict the age of a bruise by its color
- 16 bruises on those surveyed predominately yellow at onset
- 24.8% of non-abused elders remembered the cause of their accidental bruises

Bruising II:

- 89.6% of abused elders remembered the cause of at least one bruise
- Bruising on the lateral arms

(National Institute of Justice 2005 IJ CX 0048)

Dementia Study

40% of people with dementia had mostly reliable emotional memories (more recent and more stressful events were easier to remember)

Wiglesworth, U.C.I., National Institute of Justice

Neglect

- It is the *refusal* or *failure* of a caretaker to provide:
 - Medical treatment
 - Food or water
 - Medicine
 - Personal safety
 - Personal hygiene
 - Other basic necessities, such as access to a phone or mobility device

WARNING: Next slides contain graphic photos



Indicators of Neglect

- Bedsores
- Rashes
- Malnutrition
- Unclean/odor
- Soiled clothing
- Environment

- Absence of a phone near the bed
- Soiled urinary pads
- Absence of mobility devices
- Unclean elder
- Missing doctor appointments or dialysis
- Isolation

Observe and Investigate!



Elder Abuse Cases

- Victim may not cooperate, remember, or be around
- Victim may feel guilty for accusing a caregiver
- Treat all cases like a homicide

Initial Response

- Responding officer's written documentation of the environment, including odors
- Photographs of the environment
- Photographs of the victim and exposed wounds
- Photographs of exposed wounds with measurements
- Victim and suspect/caretaker statements

Types of Evidence

- Wounds and measurements
- Medical records
- Photographs
- Suspect/victim statements
- Statements from neighbors, social workers, family members, physicians, and nurses
- Prior police reports or A.P.S. reports
- Capacity exam
- Financial records

Evidence

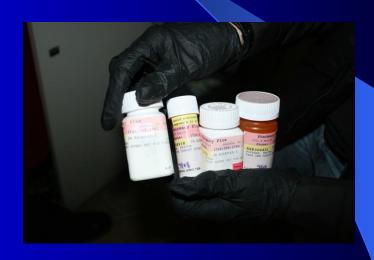
- Initial blood draw
- Paramedic run sheet
- Lab results
- Prior A.P.S. cases
- Autopsy report
- Financial records/documents/IHHS
- Medical records (HIPPA exception), victim's medical history and health condition

Look for Physical Evidence

- Drugs/drug paraphernalia
- Alcoholic beverage containers
- Damaged property
- Items used to restrain
- Letters/envelopes, emails, texts, and social media
- Daily calendar of victim and suspect (shows appointments)
- Voice mail
- Protective orders
- Items that have feces, urine, DNA, or blood
- Financial documents

Medications

- Prescription
- Nonprescription
- Homeopathic
- Physicians' names
- Dosage
- Date filled/amount taken



Documentary Evidence

- Family court proceedings
- 911 calls past and present
- Suspect's phone records
- Protective orders
- Power of Attorney
- Will
- Medical directives
- Financial records

Hospital Response

- Collect all blood samples
- Paramedic response sheet
- Clothing
- Obtain medical release or HIPPA exception
- Interview the ER nurse, physician
- Social worker
- Medical records

- Are there bruises or rashes on the victim?
 - Observe the torso, buttocks, face, arms, wrists, and feet
- Are pressure sores present?
 - Contaminated with feces?
 - Are dressings and/or medications applied to the ulcers? How? What kind?
- Malnourished
- Height and weight

Permanent Records

Tape record interviews

Videotape the scene

Written word

Photography

- Of physical evidence
 - Soiled clothing
 - Blood-stained items

- Of property damage
 - Used to show neglect or struggle
 - Show phone if broken or removed

Photography

- Crime scene
 - To show living conditions and treatment of the victim
 - Show the refrigerator or cabinets if neglect
 - Broken property
 - Alcohol containers
 - Drugs/drug paraphernalia
 - Items used to restrain the victim
 - Mattress

Photography

- Pictures of:
 - The outside of the residence
 - Each room
 - Victim
 - Chair, couch
 - Mattress
 - Cupboards
 - Refrigerator

Kitchen

- Refrigerator
- Cupboards
- Trash
- Evidence of meals
- Medicines
- Deceased animals



Bedroom

- Where does the victim sleep?
- Where does the abuser sleep?
- -Clothing, sheets, hamper, mattress, bedding



Bathroom

Toilet

Shower stall/seats

– Trash

Medicine cabinet



Statements

Victim

- Make sure suspect is not present
- Take breaks as needed
- Make it non-threatening
- Address by last name
- Make sure victim has hearing aids and glasses
- Observe demeanor, body language, appearance

Eyewitness Statements

- Make sure to interview neighbors, roommates
 - Include anyone victim may have contacted
 - 911 caller
- To previous incidents
 - Previous caregivers
 - Physicians
 - Friends, neighbors who may have witnessed past events
- Make sure to document and ask about excited utterances

Caretaker Interview

- What is their training?
- How old is the elder?
- What is the elder's medical condition?
- What was his/her responsibility? Detail duties—
 - Feed
 - Bathe
 - Change
 - Medications obtained and dispensed
 - Dressings for ulcers
- Assistance for ADL's
- When did the elder last see a doctor and for what purpose? List physicians and hospitals.

Collaboration

- Multidisciplinary Teams (Forensic Centers)
- Adult Protective Services
- Law Enforcement
- Program in Geriatrics-Geriatricians/ Geropsychologists
- Public Guardian
- Older Adult Services
- City Attorney/District Attorney's Office
- Coroner's Office
- Ombudsman
- Victim/Witness Advocates

- Community/State Licensing
- In-Home Supportive Services
- Bureau of Medical Fraud & Elder Abuse
- Department of Public Health







QUESTIONS & SUGGESTIONS

can be emailed to elder.justice@usdoj.gov