



Forensic Research

AUGUST 3, 2017

DEPARTMENT OF JUSTICE
ElderJustice
INITIATIVE



OVCTTAC
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.

Forensic Markers of Physical Abuse and Neglect

Documentation for Prosecution

Laura Mosqueda, M.D. & Page Ulrey, J.D.

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



THE UNITED STATES
DEPARTMENT OF JUSTICE

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ELDER JUSTICE INITIATIVE (EJI)

REPORT ABUSE OR FIND HELP

Find sample pleadings, documents, statutes,
and training videos

PROSECUTORS

1 2 3 4 5 6 7



Promoting Justice
for Older Americans



Helping Older Victims
and Their Families



Enhancing State and
Local Efforts Through
Training and Resources



Supporting Research
to Improve Elder Abuse
Policy and Practice

Introducing



Laura Mosqueda, M.D.,
Professor of Family Medicine
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Prosecuting Attorney, King
County (Seattle)



Forensic Markers of Abuse and Neglect

Laura Mosqueda, M.D.

Professor of Family Medicine and Gerontology

Director, National Center on Elder Abuse

Game plan: Focus on physical abuse and neglect

- Overview of age-related changes
- Indicators that raise suspicion
- Forensic markers
 - Physical
 - Laboratory
- Working with a physician expert
- Working as a team

As age increases, so do the number of health, social, and psychological issues.

- Chronic illnesses
- Medications
- Depression
- Dementia
- Quantity and quality of social support

Usual & Common Changes

- Musculoskeletal system: Decrease in bone density
- Neurologic: Reaction time, memory
- Integument: Thinner epidermis, capillary fragility
- Sensory: Presbycusis, macular degeneration, cataracts

Pink Flags

- Implausible/vague explanations
- Delay in seeking care
- Unexplained injuries
- Inconsistent stories
- Sudden change in behavior

Context

- **Why** did these things happen: is it “*just because they’re old*”?
- Most of the time, understanding the context is key to making a determination.
- Sometimes, though, it’s pretty darn obvious.

Interviewing Tips

- Calm, quiet, familiar environment
- Body language
- Private interview
- Compensate for sensory deficits
 - Vision (glasses, positioning)
 - Hearing (aids, positioning)
- Be aware of your tone, attitude, body language

Pressure Sores

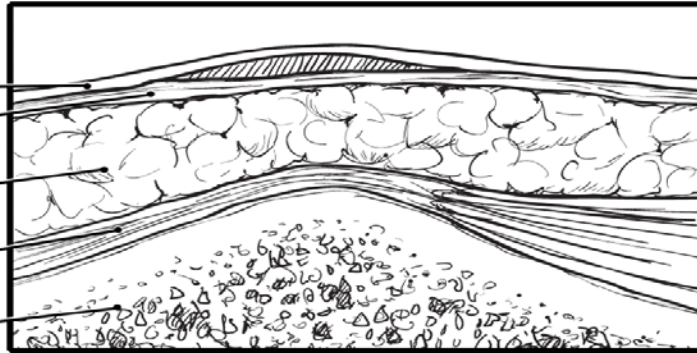


Pressure Sores

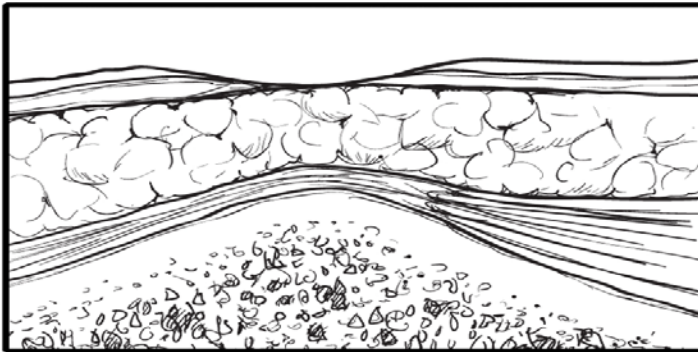
- Causes
 - Forces: Pressure, friction, shearing
 - Disruption of blood supply (i.e., nutrients) to the skin and underlying tissue
- Stages
 - (I-IV)
 - Unstageable
- Suspected deep tissue injury

Stage 1

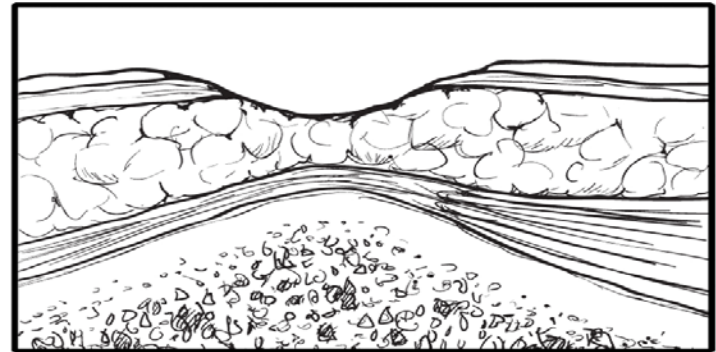
Epidermis
Dermis
Subcutaneous fat
Tendon/muscle
Bone



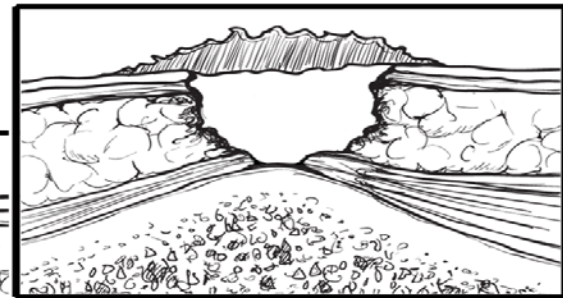
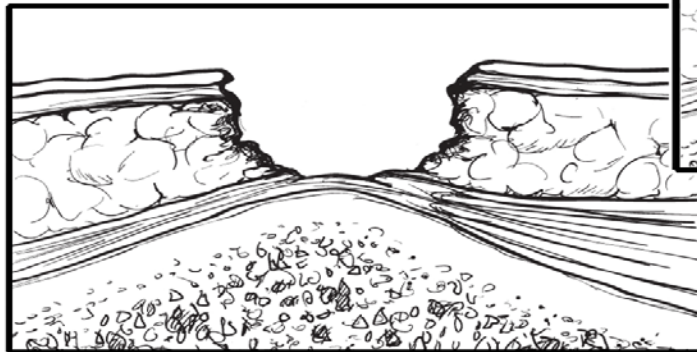
Stage 2



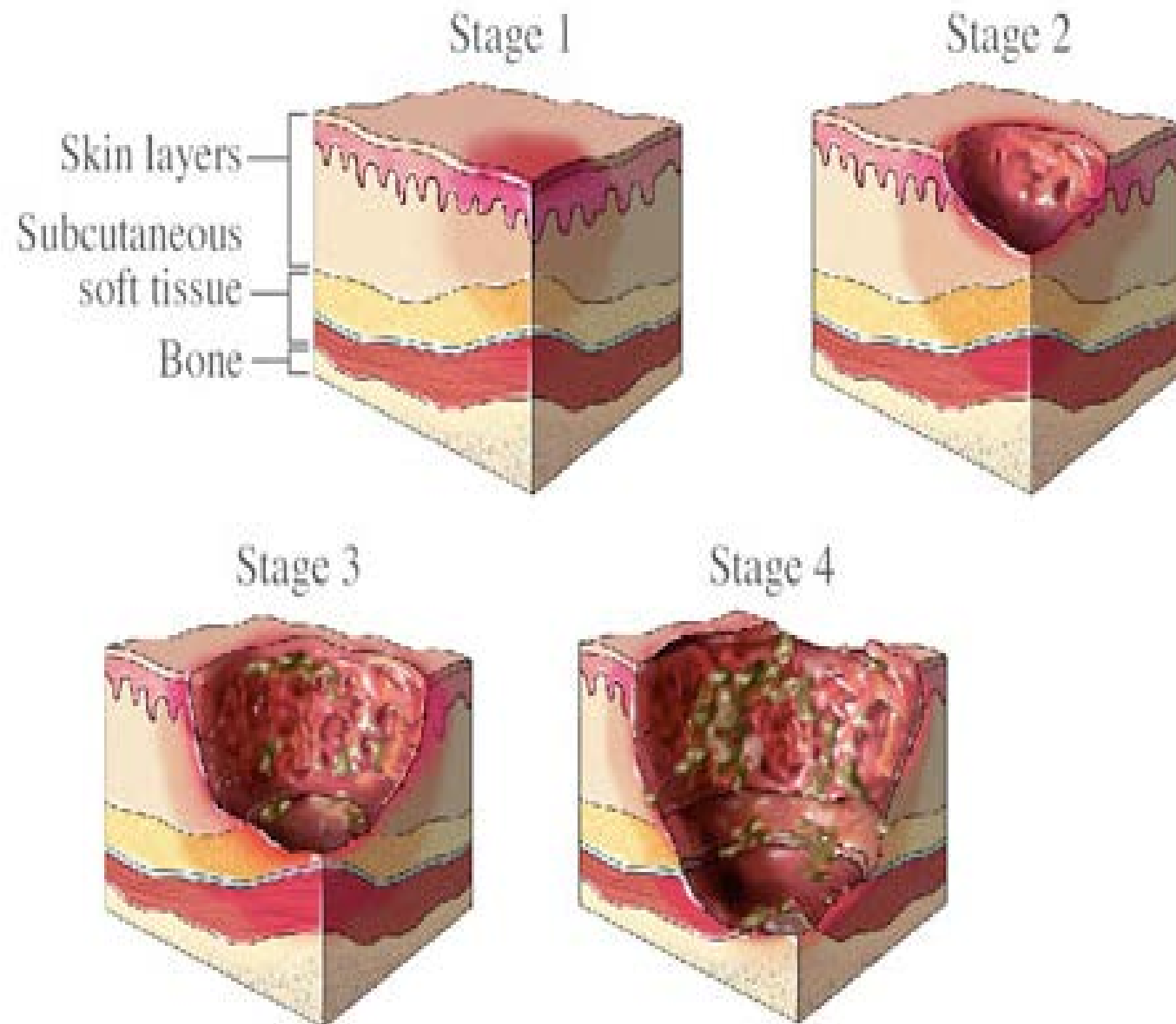
Stage 3



Stage 4



**Stage 4
with a scab**



Warning: Will show disturbing photos
in next few slides

Decubitus ulcer – Stage II



Was this from abuse/neglect?





Paws for comments



BRUISING



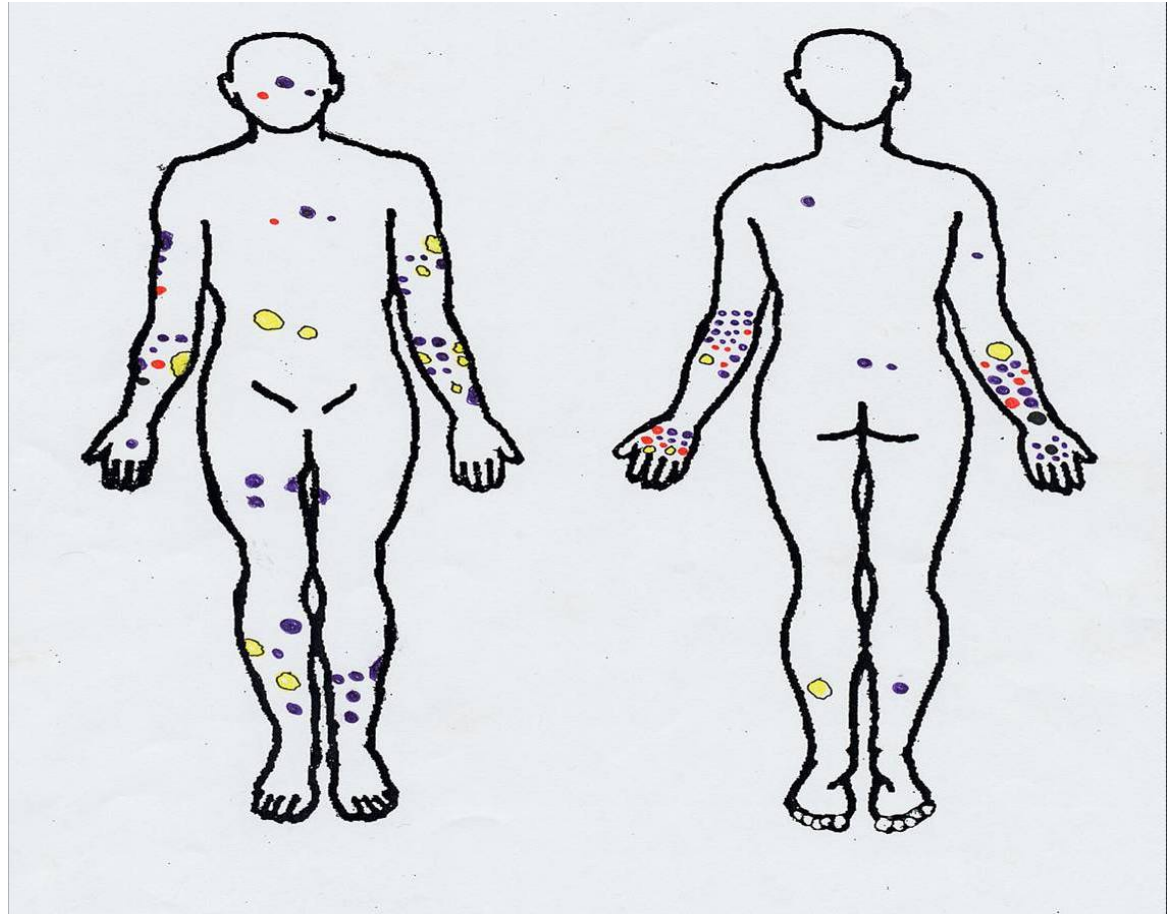
PART I: Accidental Bruising in Older Adults

Color of a bruise did not indicate its age. A bruise could have any color from day one.

- **90% of accidental bruises were on the extremities** rather than the trunk, neck, or head.

- **Less than a quarter of older adults with accidental bruises remembered** how they got them.

- **Older adults taking medications** that interfere with coagulation pathways were more likely to have **multiple bruises**, but the bruises **did not last any longer**.



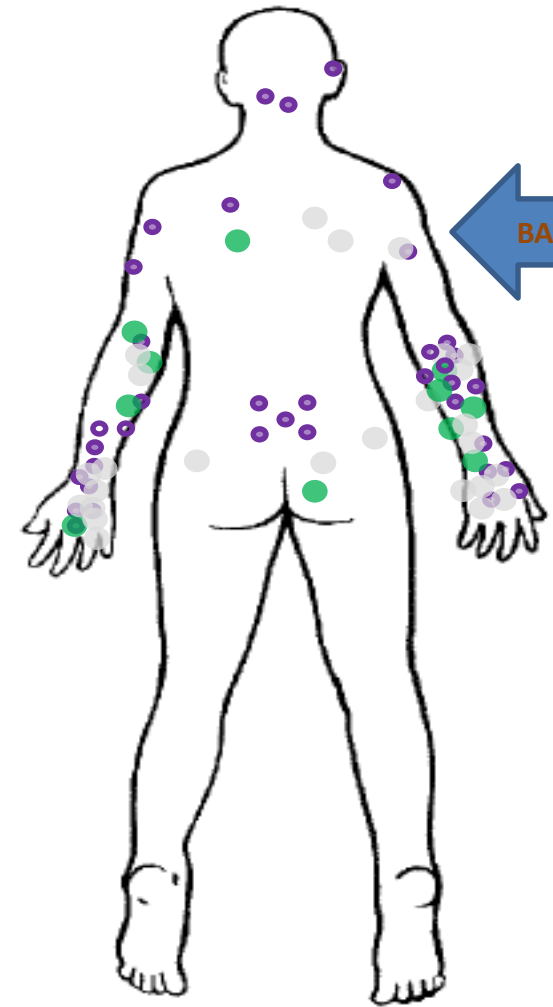
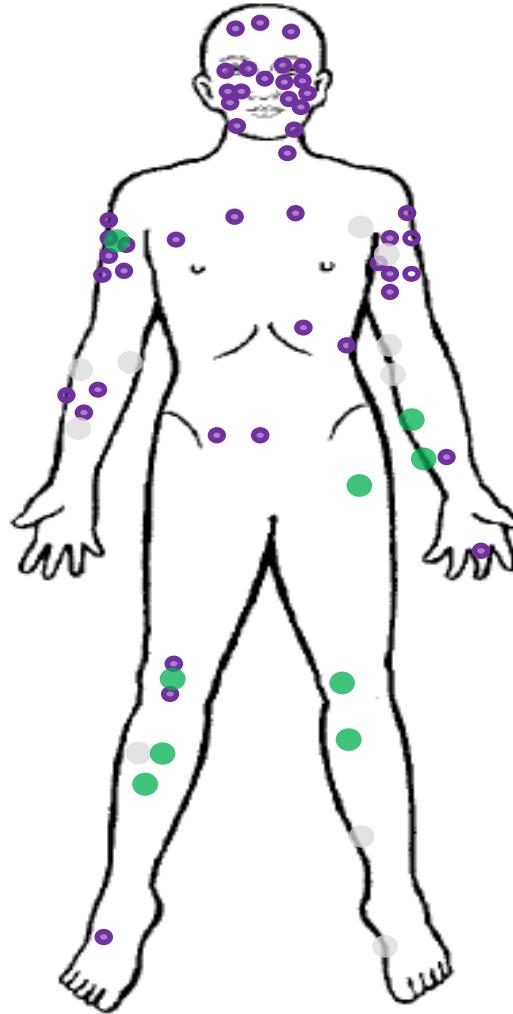
Citation: Mosqueda L, Burnight K, Liao S. The life cycle of bruises in older adults. J Am Geriatr Soc. 2005 Aug;53(8):1339-43.

This project was funded by Grant 2001-IJ-CX-KO14 from the Department of Justice (DOJ), Office of Justice Programs

PART II: Bruising in Older Adults as Reported by Abused Elders

Key findings from this study:

- **Bruises were large.** More than half of older adults with bruises who had been physically abused had at least one bruise **5 cm (about 2 inches) in diameter or larger.**
- Older adults with bruises who had been abused had **more bruises in areas indicated in blue** than older adults whose bruises were accidental.
- **90%** of older adults with bruises who have been physically abused **can tell you how they got their bruises, and this includes many older adults with memory problems and dementia.**



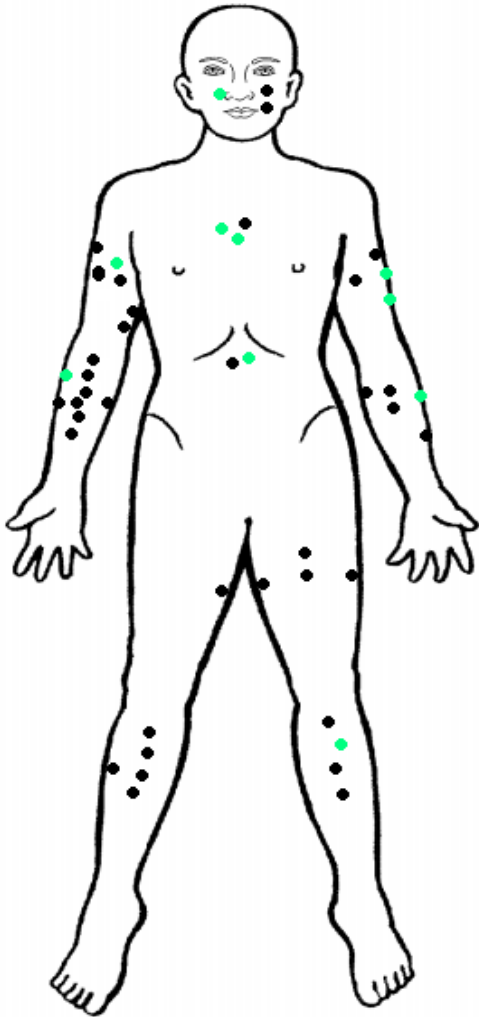
This project was funded by Grant 2005-IJ-CX-0048 from the Department of Justice (DOJ), Office of Justice Programs

● Unknown $f=39$
● Accidental $f=23$
● Inflicted $f=93$

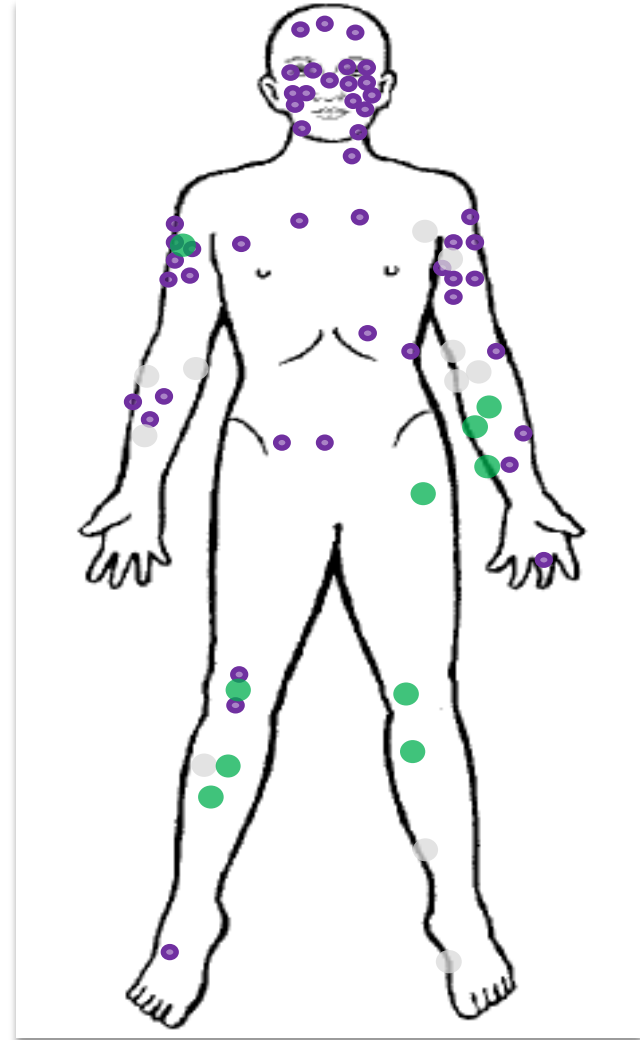
Citation: Wigglesworth A, Austin R, Corona M, Schneider D, Liao S, Gibbs L, Mosqueda L. Bruising as a marker of physical elder abuse. J Am Geriatr Soc. 2009 Jul;57(7):1191-6.

Anterior Comparison

Part I: Accidental

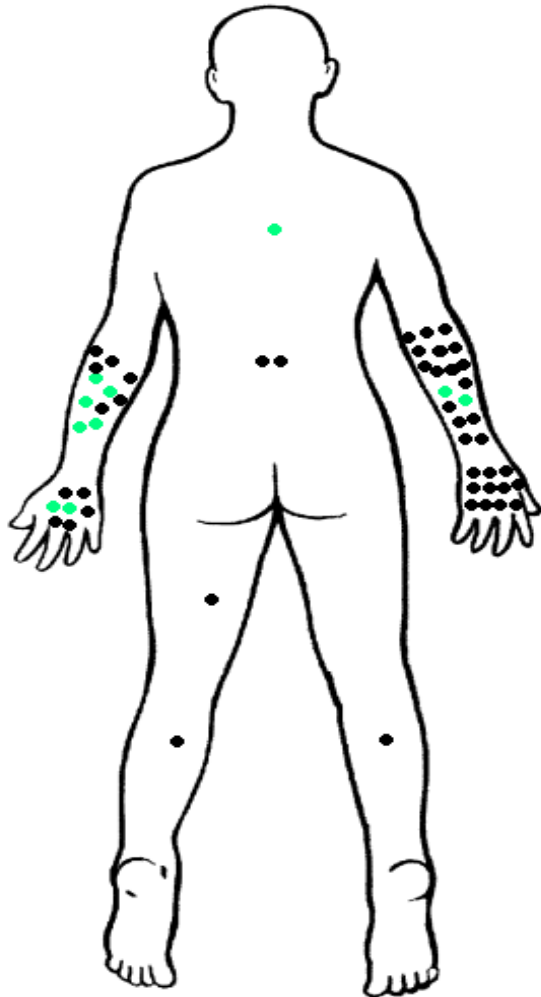


Part II: Physical Abuse

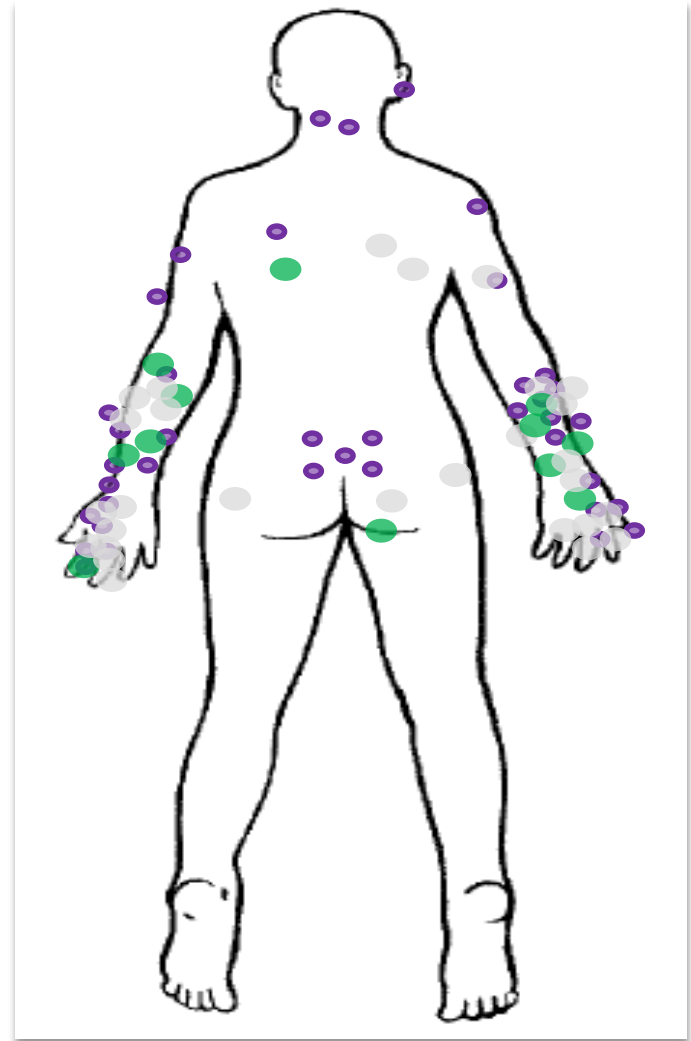


Posterior Comparison

Part I: Accidental



Part II: Physical Abuse



Accidental or Inflicted?



Accidental or Inflicted?



Accidental or Inflicted?



Neglect: What I Look For

- Patient
 - Hygiene
 - Foot care
 - Malnourished
 - Medical issues that don't get better, despite prescribed treatment
- Caregiver
 - Lack of follow up
 - Missed appointments
 - Disengaged
 - Incompetent (physical, emotional, intellectual)

Laboratory Findings

- Chemistry panel
 - Malnutrition, Dehydration
 - Electrolyte imbalances
- CBC (complete blood count)
 - Malnutrition
 - Anemia
- Medication levels
- Direct and indirect markers

What I Consider

- Victim's vulnerabilities
- Victim's functional status (ADLs and IADLs)
- Caregiver's capabilities and limitations
- Implausible explanations
- Pattern of prior use of health care system
- The totality of the information: Need to put the puzzle pieces together

When does bad care become neglect?

As a clinician....



neglect

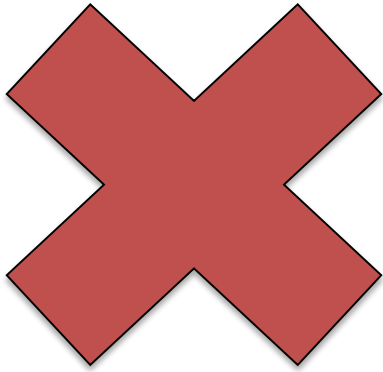
poor

acceptable

great

When does bad care become neglect?

As an expert....



neglect

poor

acceptable

great

The Challenges

- There is no single diagnostic test; often need to rely on forensic markers.
- We're not well-trained.
 - Caregivers, APS workers, health care providers, coroners, detectives, prosecutors, judges
- We need more and better research.

Our partnerships are invaluable.



THE VITAL ROLE OF HEALTH CARE PROVIDERS IN THE PROSECUTION OF ELDER ABUSE

Page Ulrey

Senior Deputy Prosecuting Attorney

King County Prosecutor's Office

THE WORLD IN WHICH ELDER ABUSE PROSECUTORS RESIDE

- Many of the victims in our cases are—
 - Suffering from some degree of dementia, often undiagnosed
 - Unable to remember details of an incident by the time it is discovered
 - Isolated



THE WORLD IN WHICH ELDER ABUSE PROSECUTORS RESIDE

- Most common defenses to elder abuse crimes—
 - Neglect: “[Victim] didn’t want medical care”
 - Physical abuse: “Victim fell”
 - Sexual abuse: “Victim wanted to participate in sexual act”
 - Financial abuse: “Victim wanted me to have the money”



THE WORLD IN WHICH ELDER ABUSE PROSECUTORS RESIDE

- Consent is a legitimate defense to neglect, sexual abuse, and financial exploitation.
 - In order to consent, a person must have cognitive capacity to do so.
 - In order to address whether victim consented, we must determine degree of cognitive impairment at time of incident.



BUILDING A CASE

- Records of and/or interviews with—
 - Victim's health care providers
 - Victim's and suspect's financial institutions
 - Adult Protective Services (APS)
 - Mental health providers
 - Capacity evaluators
 - Law enforcement
 - Civil attorneys
 - Family, friends, caregivers
 - Others who witnessed interactions between suspect and victim



HEALTH CARE PROVIDERS AS ESSENTIAL PARTNERS

- May be the only professional EA victim comes into regular contact with
- May be the first and only person—
 - To observe:
 - Bruising and other physical injuries
 - Pressure sores and other signs of neglect
 - Trauma, depression, anxiety due to any form of abuse
 - Cognitive impairment
 - In whom a victim confides about abuse

HEALTH CARE PROVIDERS AS ESSENTIAL PARTNERS

Can help us determine—

- Causation of injuries
- Whether a victim's signs and symptoms are consistent with neglect
- Whether victim had capacity to consent to act at issue
- Whether criminal charges are appropriate

HEALTH CARE PROVIDERS AS ESSENTIAL PARTNERS

Can testify in our trials as fact (treatment provider) and expert (consultant) witnesses to:

- ▶ Physical and sexual abuse
 - Causation of injuries
 - Degree of pain suffered
 - Prognosis

- ▶ Neglect
 - Signs, symptoms of neglect and their causation
 - What care should have been provided to victim
 - Degree of pain suffered
 - Prognosis

HEALTH CARE PROVIDERS AS ESSENTIAL TO OUR CASES

- ▶ All forms of abuse and financial exploitation
 - Statements made by victim (not hearsay if made for purposes of medical treatment)
 - Statements made by caregiver, if suspect
 - Signs, diagnosis, and degree of victim's cognitive impairment
 - Victim's capacity to consent to act that is at issue

WHAT WE NEED FROM HEALTH CARE PROVIDERS

- Photographs of injuries, signs of neglect before patient is cleaned up
- Thorough documentation of injuries, signs and symptoms of neglect
- Documentation of any concerns of dementia
- Administration of dementia screening tools that include assessment for impairment of executive function, e.g.,
 - St. Louis University Mental Status Exam (SLUMS)
 - Montreal Cognitive Assessment (MoCA)

WHAT WE NEED FROM HEALTH CARE PROVIDERS

- Referral of patient for capacity evaluation when appropriate.
- Notation of all statements made by patient about abuse, neglect, or exploitation.
- Notation of all statements made by caregiver about abuse, neglect, or exploitation.

WORKING WITH MEDICAL WITNESSES

- Explain up front what you need him/her to do.
- Provide experts with—
 - Thorough, clear summary of facts
 - All relevant medical records, including lab results, nurses' notes, social workers' notes, photographs, diagrams, medication logs from current hospitalization, and from prior hospitalizations and treating physician for past several years
- Timeline of trial
- Arrange meeting to discuss direct and cross with expert in advance
- Hard-set expert's testimony
- Keep expert updated of any changes in trial date



Questions & Helpful Links

Suggestions can be emailed to

elder.justice@usdoj.gov

More information on this topic can be found at:

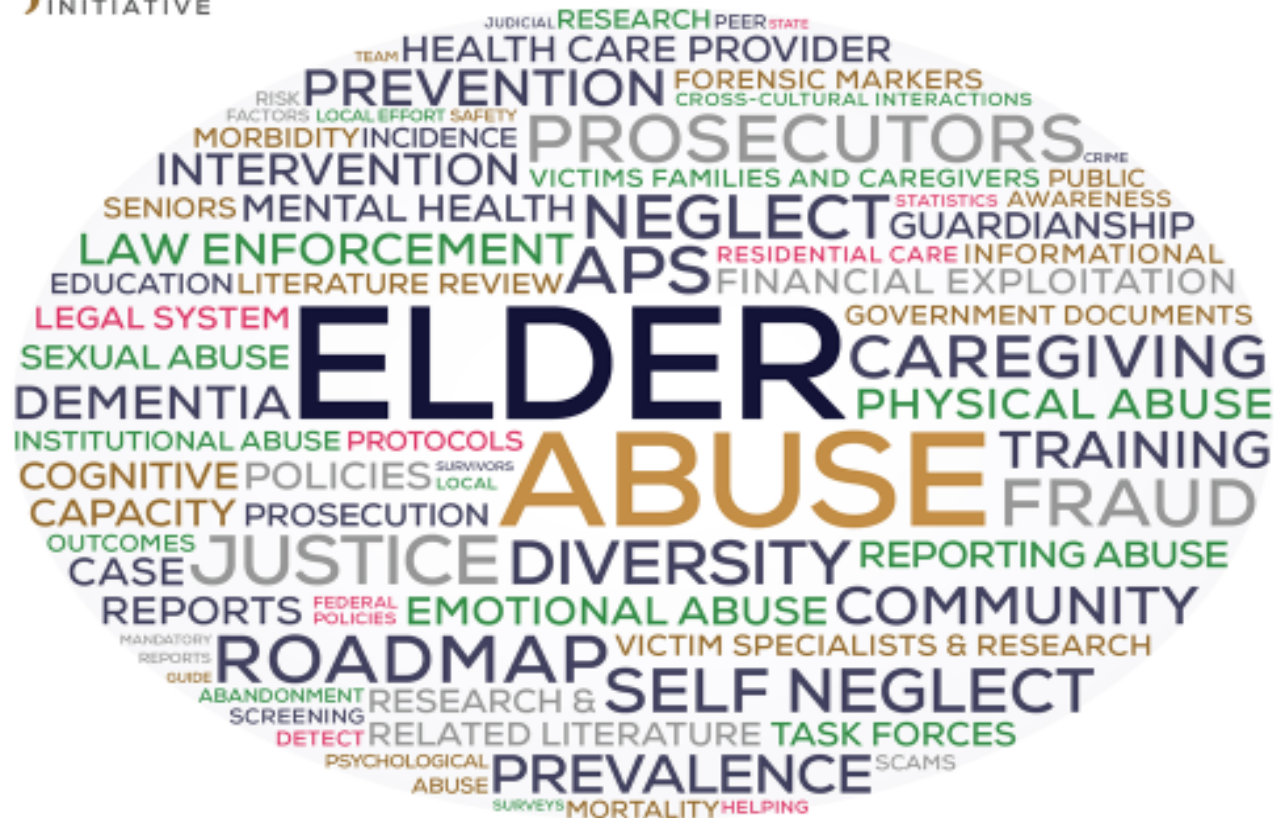
- Elderjustice.gov
- The National Center on Elder Abuse (NCEA)
<https://ncea.acl.gov>

Resources on elder abuse:

- Eldermistreatment.usc.edu

Training material on elder abuse:

- Trea.usc.edu



elderjustice.gov