



Promoting Elder Justice: How to Investigate and Mitigate Elder Abuse

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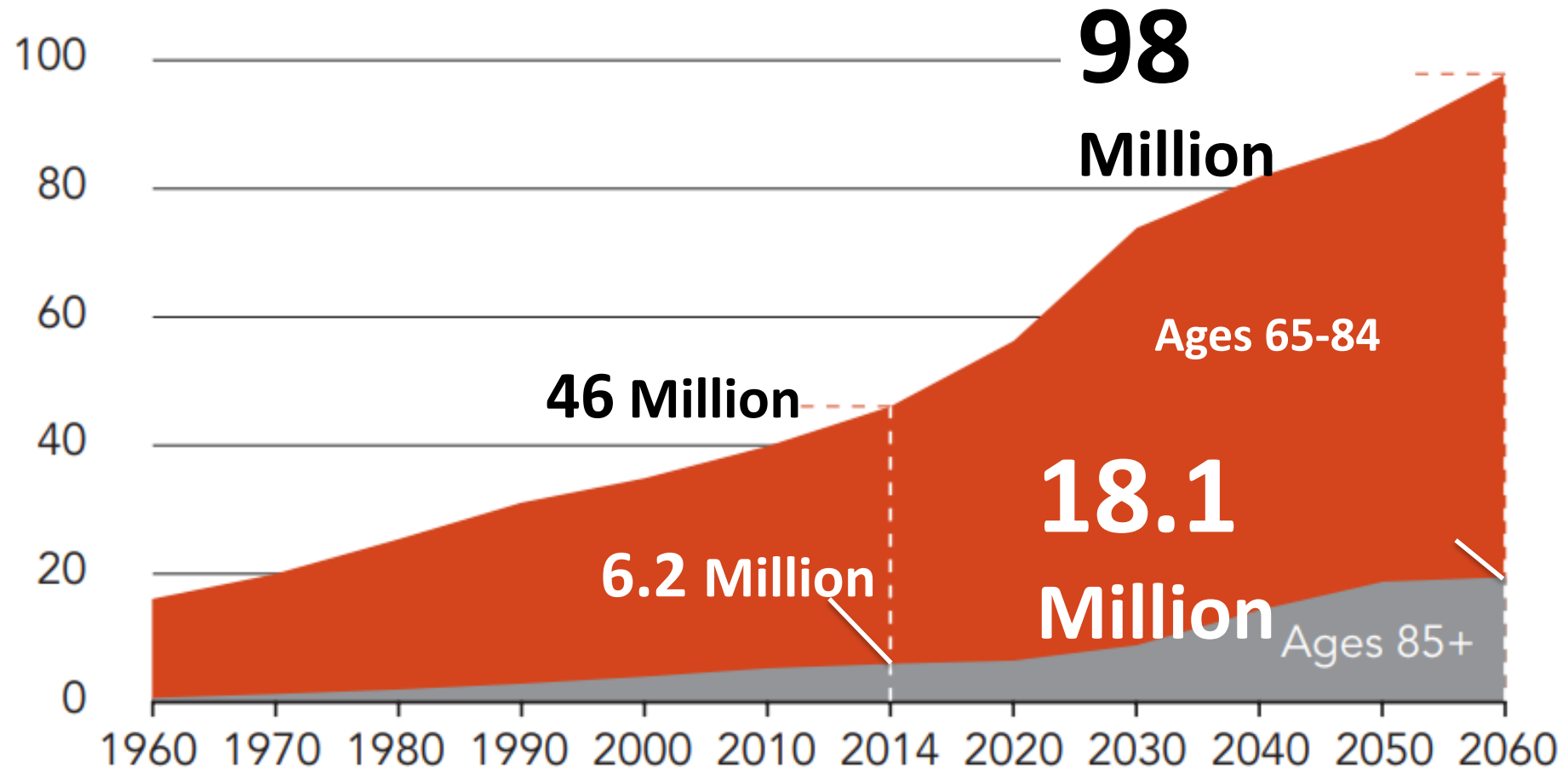
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Game plan

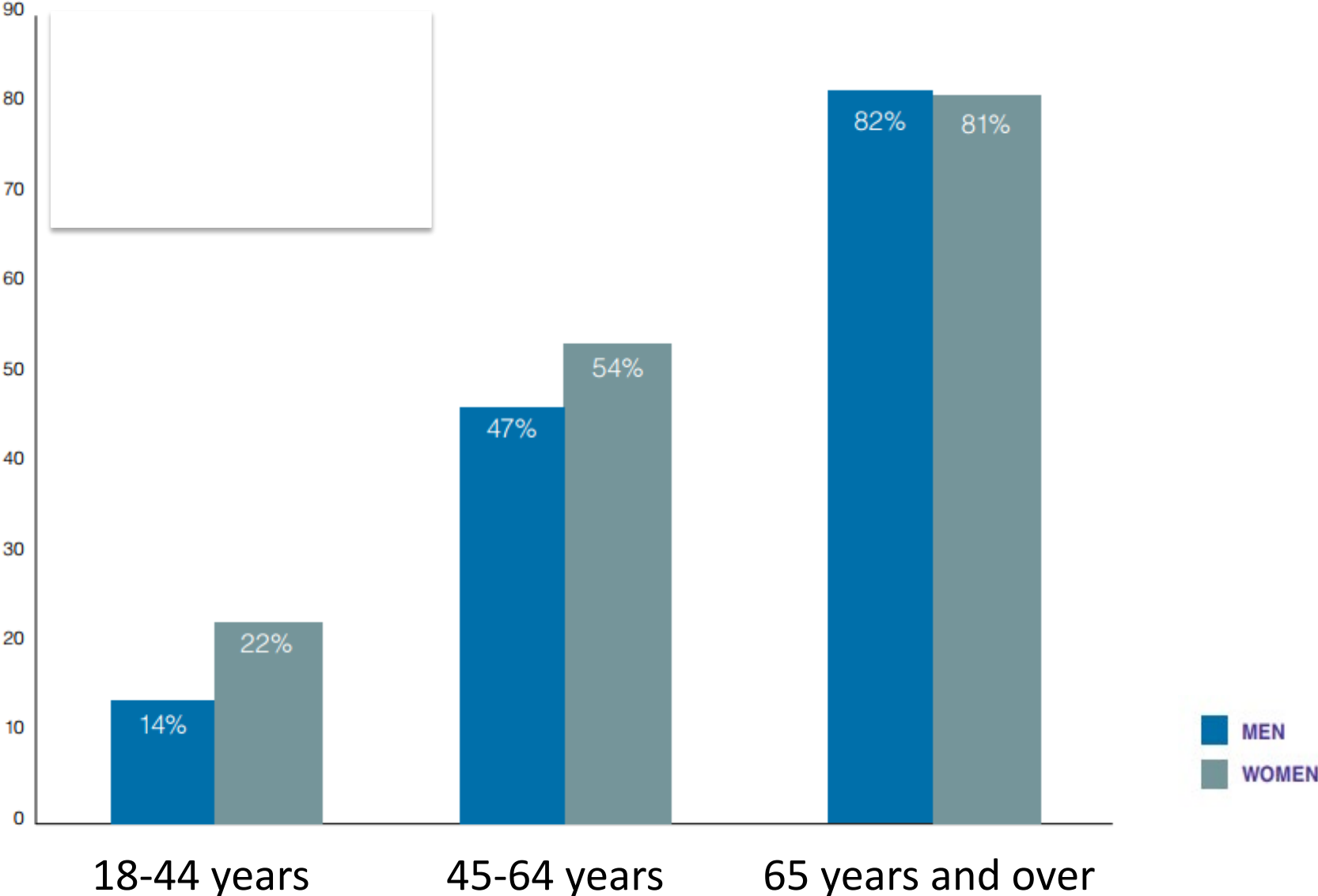
- Numbers and Normal aging
- Age-related changes that create susceptibility
- Dementia
- Physical injuries and laboratory data
- Abuse Intervention/Prevention Model (AIM)

U.S. Population Ages 65 and Older, 1960 to 2060



Source: PRB analysis of data from the U.S. Census Bureau.

Prevalence of Multiple Chronic Conditions



Aging is accompanied by changes that make us susceptible to physical and emotional injury.

Usual & Common Changes

- Musculoskeletal system: Decrease in bone density, Lower muscle mass
- Neurologic: Reaction time, Memory
- Integument: Thinner epidermis, Capillary fragility
- Sensory: Presbycusis, Macular degeneration, Cataracts

Consequences of These Changes

- Greater susceptibility to illness
- More difficulty in recovering from illness
- Sensitivity to side effects of medication
- Vulnerability to abuse
- More difficult to diagnose abuse

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

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

Neurocognitive Disorders

- Mild Cognitive Impairment
 - Now called Mild Neurocognitive Disorder
- Dementia
 - Now called Major Neurocognitive Disorder

Dementia is a disease process which causes loss of intellectual abilities and inability to perform one's usual activities.

Types/Causes of Dementia

Types/Causes of Dementia

- Alzheimer's Disease
- Cerebrovascular Disease
- Lewy Body Disease
- Parkinson's Disease
- Depression
- Semantic aphasia and associative agnosia
- Hypothyroidism
- Meningioma
- Neurosyphilis
- Subdural hematoma
- Vitamin B12 deficiency
- Progressive nonfluent aphasia
- Pick's Disease
- Hypercalcemia
- Infection
- Bad karma
- Down's syndrome associated dementia
- Traumatic brain injury
- Frontotemporal dementia
- Medication/Polypharmacy
- Primary Progressive Aphasia

What distinguishes types of dementia?

- Pattern of memory loss
 - storage
 - retrieval
- Relative preservation of some cognitive areas compared to others
 - personality
 - language
 - spatial skills
 - concentration
- Motor symptoms

Cognitive Symptoms

- Amnesia
 - loss of memory
- Aphasia
 - impairment of language (receptive/expressive)
- Apraxia
 - inability to perform a motor task despite intact motor function
- Agnosia
 - inability to recognize despite intact sensory functions

Mood/Behavior Symptoms

- Depression
- Anxiety
- Personality change
- Delusions
- Hallucinations

Motor Symptoms

- No predictable pattern
- Occurs early with some types of dementia
 - Parkinson's Disease (precedes)
 - Lewy Body dementia (concomitant)
- Occurs late with some types of dementia
 - Alzheimer's Disease
- Variable with other types of dementia
 - FTD/ALS

Function Symptoms

- Handling finances
- Driving/Supervising transportation
- Dressing
- Toileting
- Feeding

Early AD



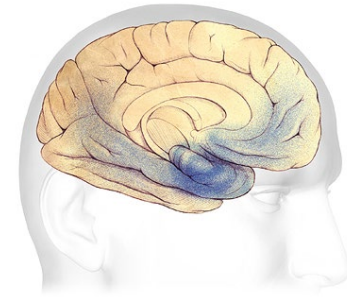
Symptoms:

- Short term memory
- Words
- Judgment

Dilemmas:

- Driving
- Finances

Mid AD



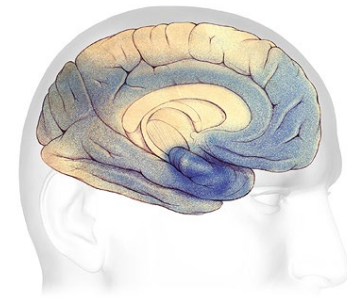
Symptoms:

- Behavior
- Dressing
- Insight

Dilemmas:

- Explaining
- Moving

Late AD



Symptoms:

- Communication
- Mobility
- Swallowing

Dilemmas:

- Risk/benefit
- Nutrition

Vulnerabilities/Susceptibilities to Mistreatment

- Difficulty defending oneself
- Dependency
- Fear of retaliation
- Dementia
- Inability to report

Types of Mistreatment

- Financial exploitation
- Emotional abuse
- Physical abuse
- Sexual abuse
- Neglect

Multiple types of abuse often co-exist

Red Flagsof Mistreatment

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

Observations

- Interaction of the alleged victim and perpetrator
- Behavioral indicators of state of mind
 - Withdrawal
 - Fear
 - Confusion

Setting the Stage

- Establish rapport
- Establish privacy
- Establish safe environment
- Normalize the questions
- Be empathetic
- Don't assume

It's often hard to distinguish between an injury due to abuse and one due to an innocent cause.

**“Of course they have a _____,
they're old!”**

- Pressure sore
- Fracture
- Bruise

Indicators of Possible Neglect

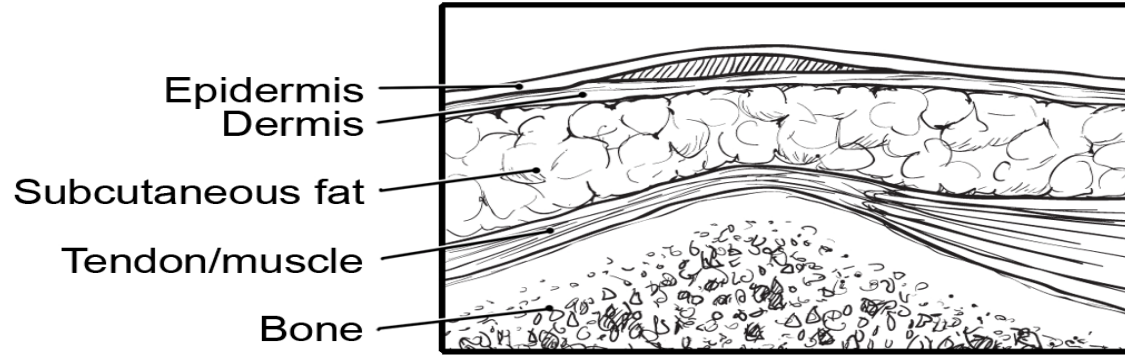
- Malnourished
- Dehydrated
- Coated with fecal matter/ urine stained
- Contractures
- Untrimmed toenails, matted hair
- Bed sores (pressure sores)

Pressure Sores

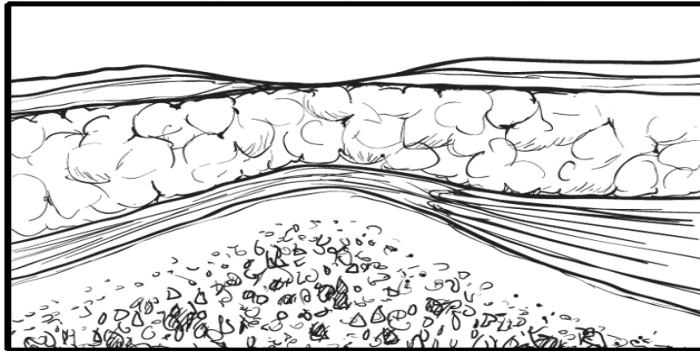
Pressure Sores

- Causes
 - Forces: Pressure, Friction, Shearing
 - Disruption of blood supply (i.e. nutrients) to the skin and underlying tissue
- Stages
 - I, II, III, IV
- Unstageable
- Suspected Deep Tissue Injury

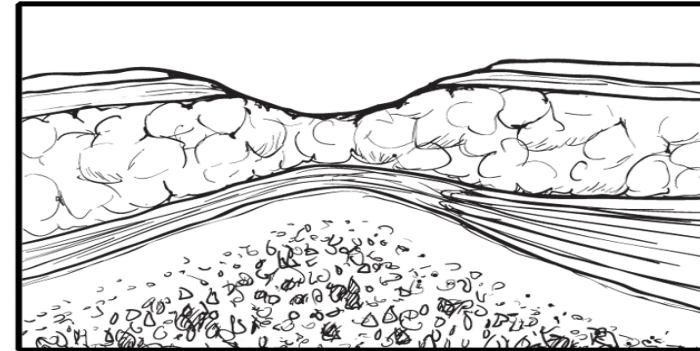
Stage 1



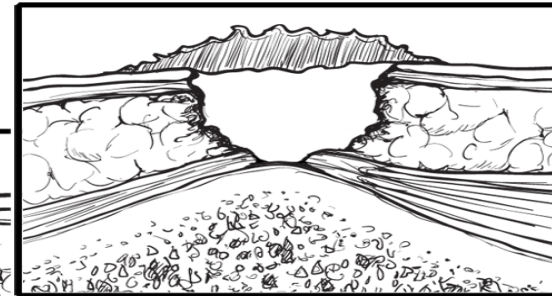
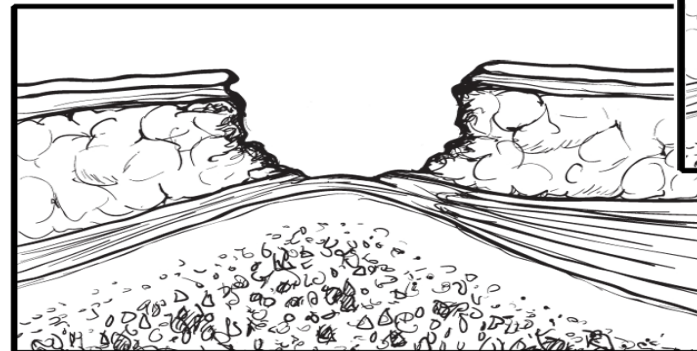
Stage 2



Stage 3



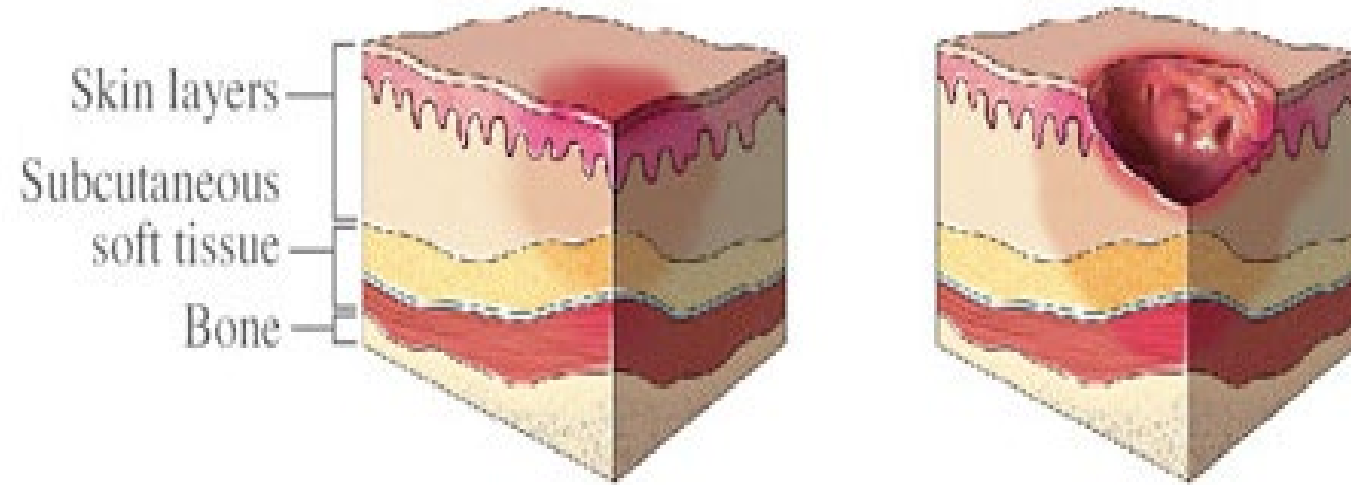
Stage 4



**Stage 4
with a scab**

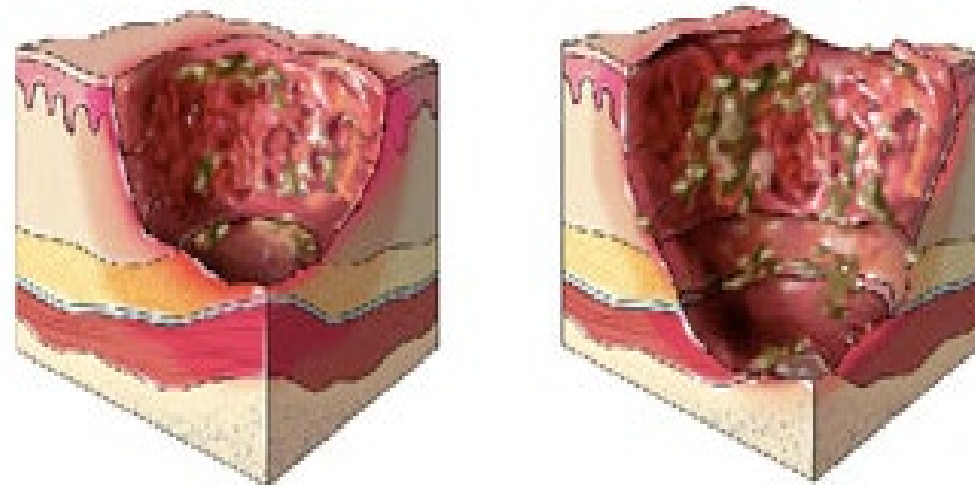
Stage 1

Stage 2

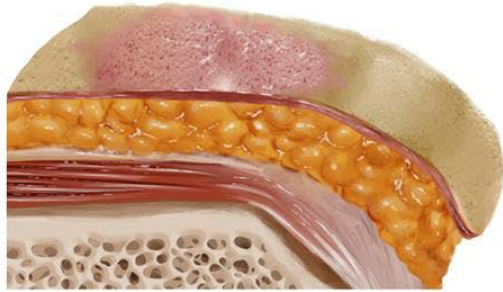


Stage 3

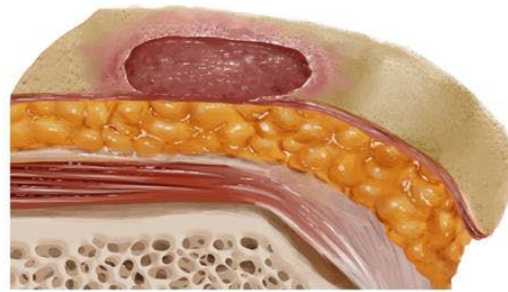
Stage 4



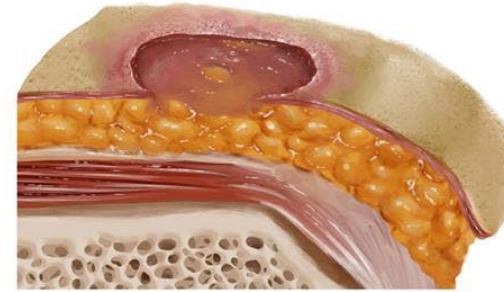
Pressure Ulcer



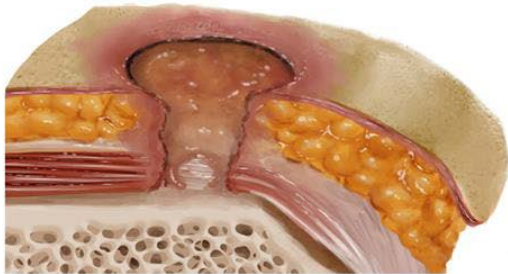
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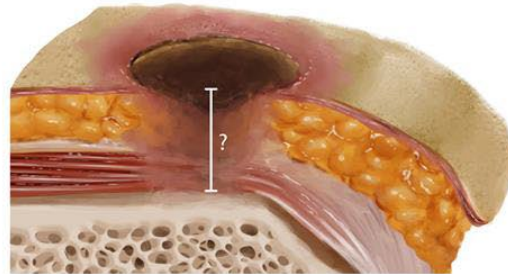
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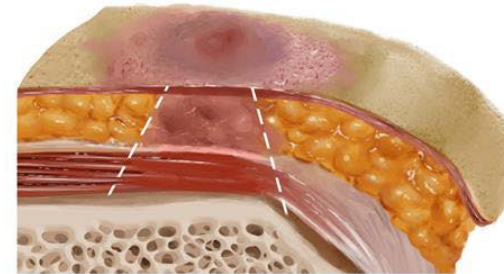
Stage 3



Stage 4



Unstagable
pressure injury



Deep tissue
pressure injury

The importance of context

- Functional status
- Awareness of risk
- Awareness of wounds
- Adequacy of care
- Explanations

BRUISING

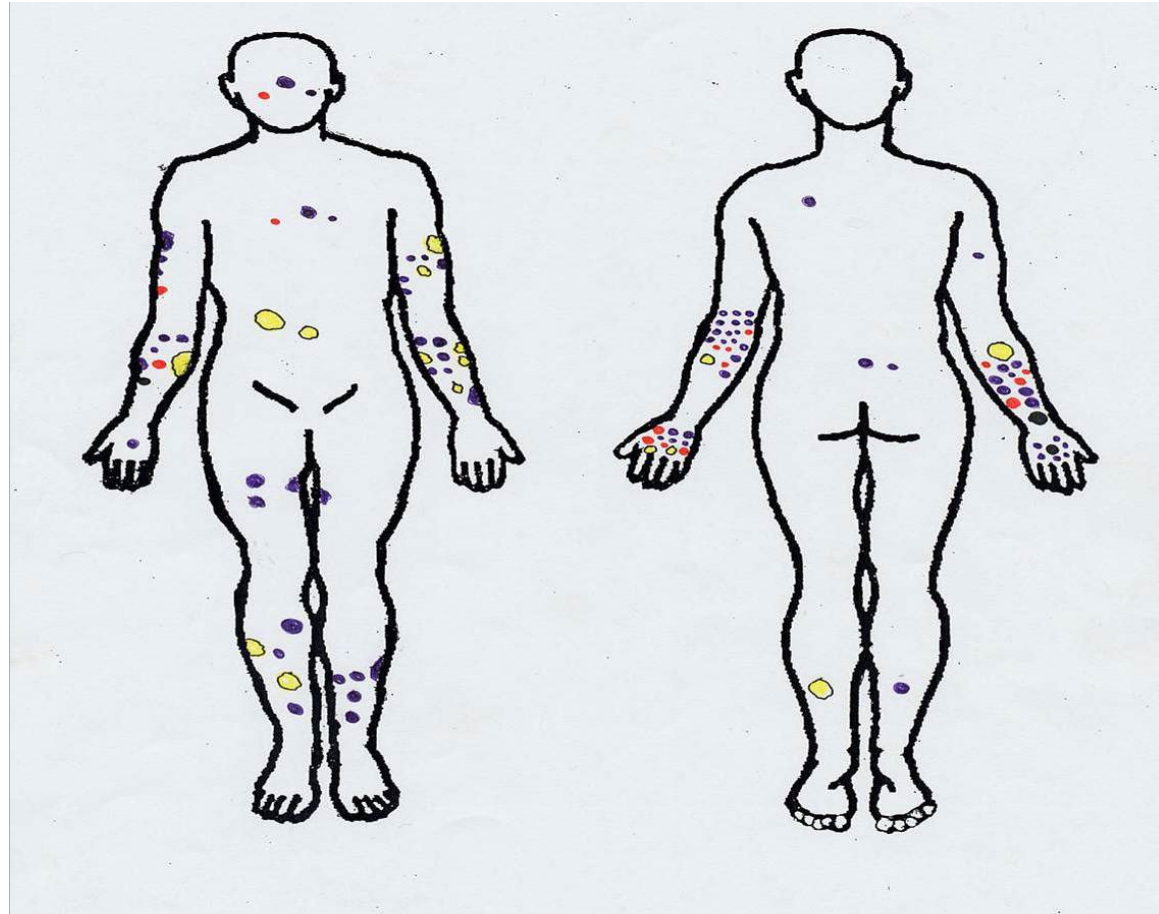
PART I: Accidental Bruising in Older Adults

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

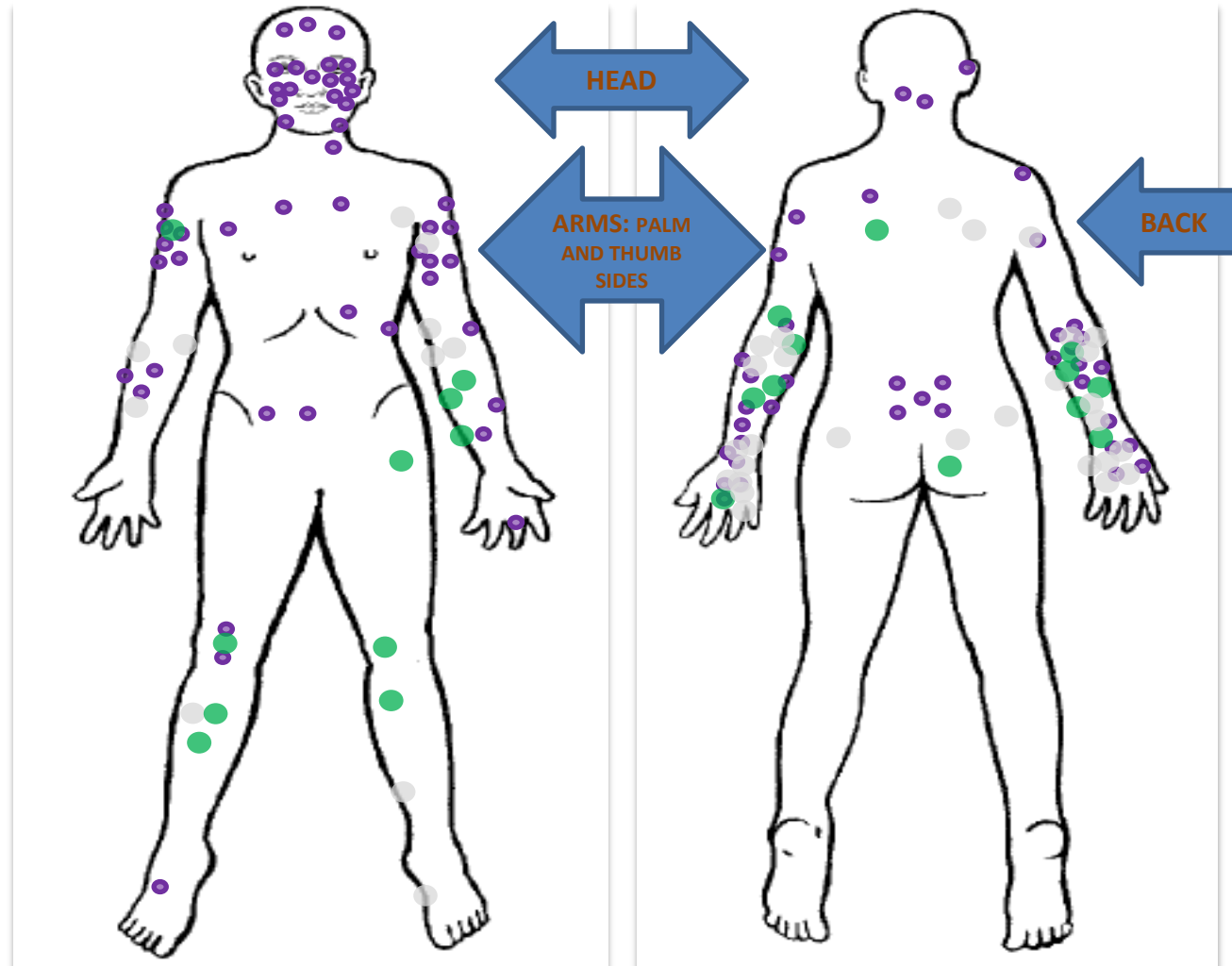
PART II: Bruising in Older Adults as Reported by Abused Elders

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.**



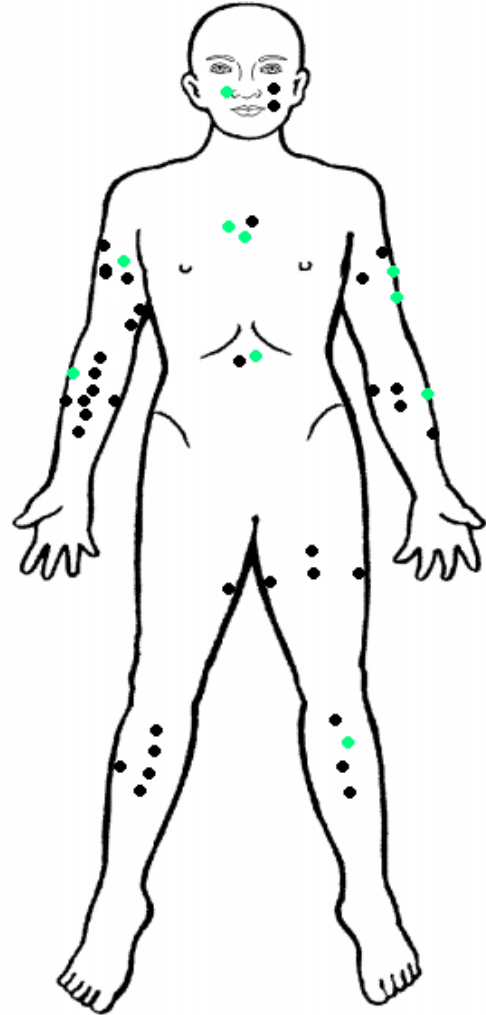
This project was funded by Grant 2005-IJ-CX-0048 from the Department of Justice (DOJ), Office of Justice Programs

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

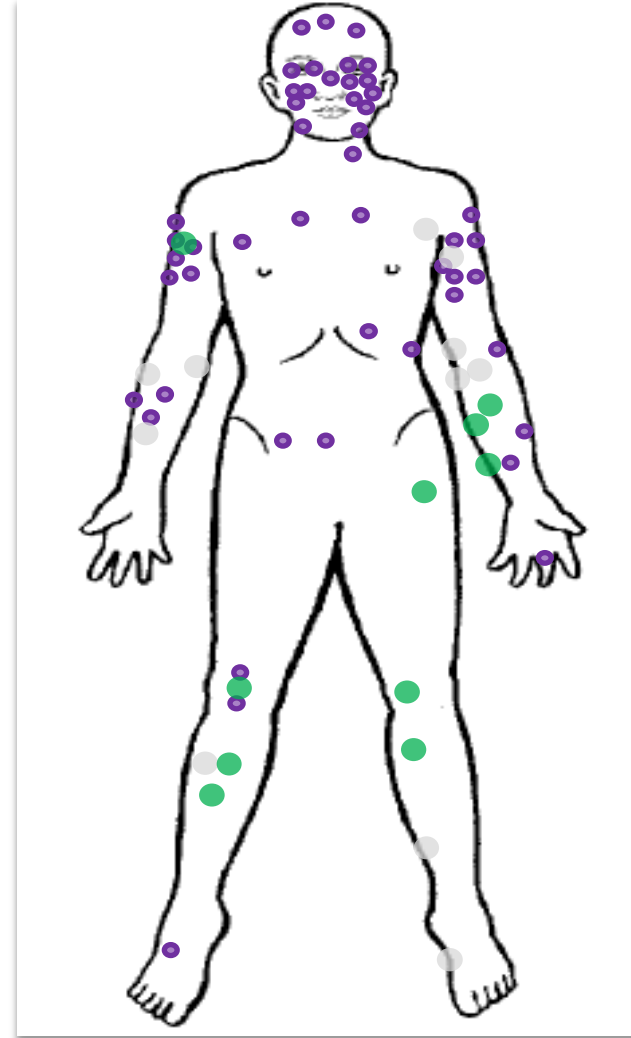
Citation: Wigglesworth A, Austin R, Corona M, Schneider D, Liao S, Gibbs L, Mosqueda L. Bruising as a marker of physical elder abuse. *J Am Geriatr Soc.* 2009 Jul;57(7):1191-6.

Anterior Comparison

Part I: Accidental



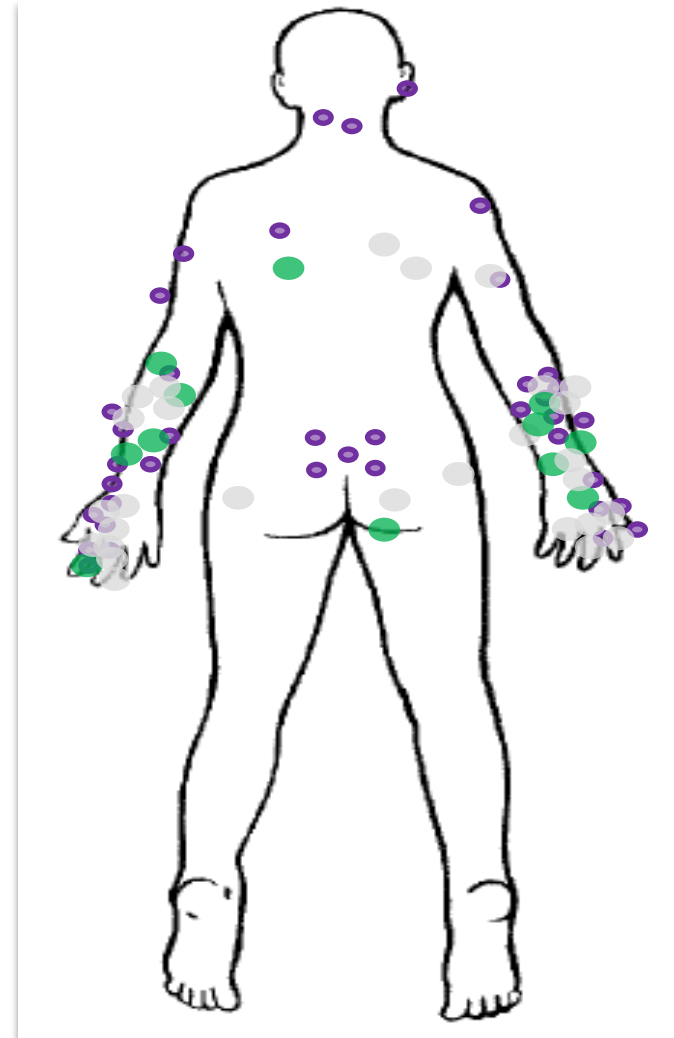
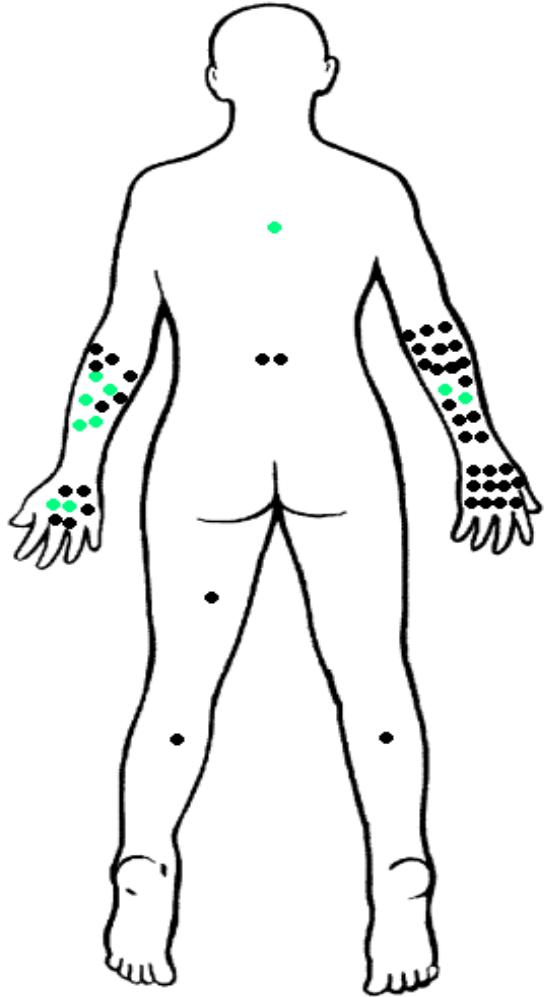
Part II: Physical Abuse



Posterior Comparison

Part I: Accidental

Part II: Physical Abuse



What I Consider

- Older adult's vulnerabilities
- Older adult's functional status (ADLs and IADLs)
- Implausible explanations
- Injuries to head/neck are of particular concern
- Do the history, functional status, and injury make sense as a unit?

Other potential forensic markers

- Medication misuse
- Burns
- Contractures
- Lacerations + Abrasions
- Fractures
- Subdural hematomas
- Behavioral changes
- Dehydration, Malnutrition

Laboratory Findings

- Chemistry panel
 - Malnutrition, Dehydration
 - Electrolyte imbalances
 - Impaired renal (kidney) function
- CBC (complete blood count)
 - Malnutrition
 - Anemia
- Medication levels
- Toxicology screen

Possible contributors to malnutrition

- Difficulty swallowing
- Acute illness (e.g. pneumonia)
- Prolonged illness (chronic lung disease, heart failure, constipation, weakness, fatigue)
- Medication side effects
- Tooth or gum problems
- Depression
- Neglect

Possible indicators of malnutrition

- Weight loss
- Low weight (BMI)
- Laboratory data
 - Serum albumin
 - Thyroxine-binding prealbumin
 - Hb
 - Cholesterol
 - Lymphocyte count
- Non-healing pressure sores

Possible indicators of dehydration

- Lightheadedness/low blood pressure
- Constipation
- Fatigue
- Dry/coated tongue
- Laboratory studies (e.g. sodium, potassium, BUN/Cr)

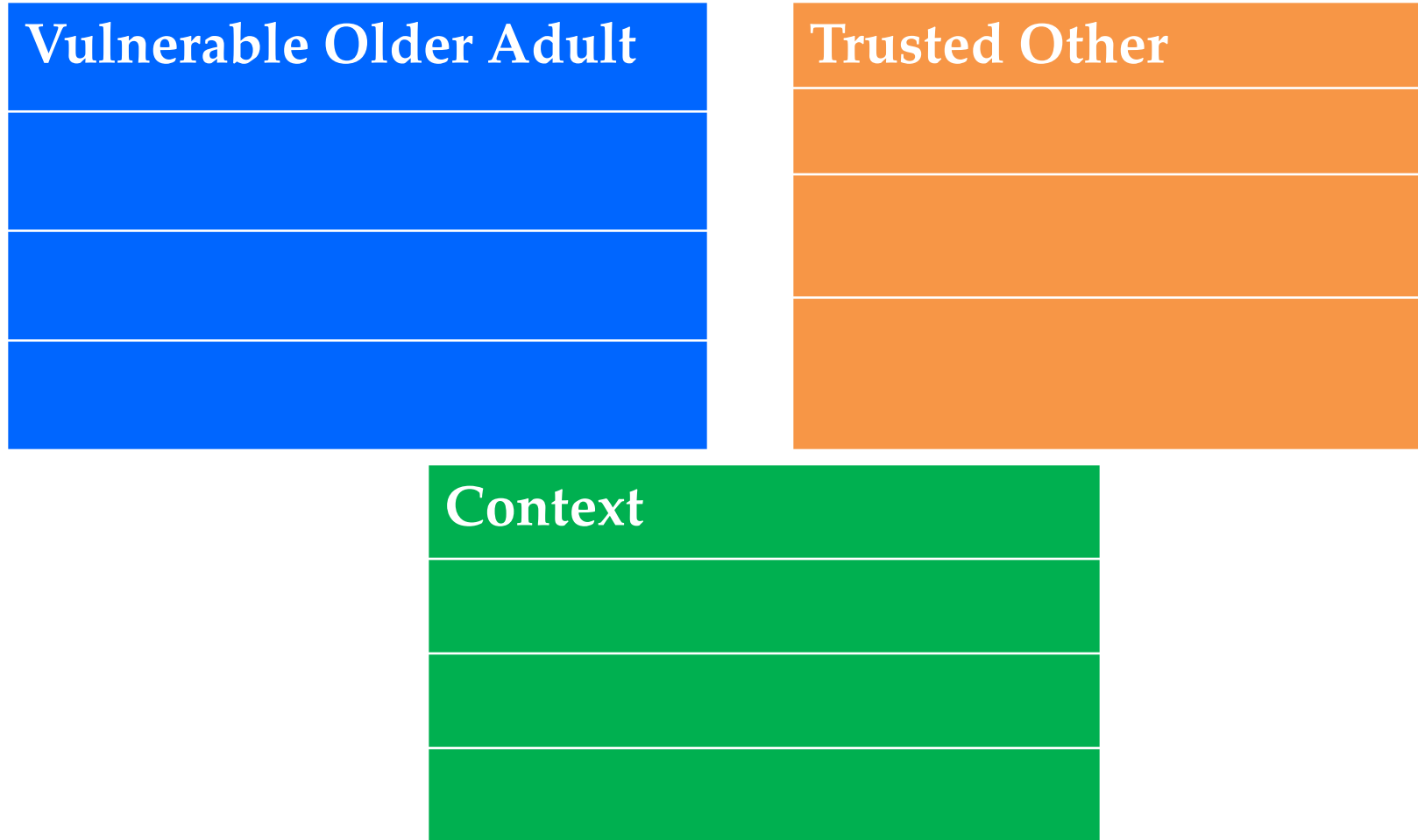
AIM

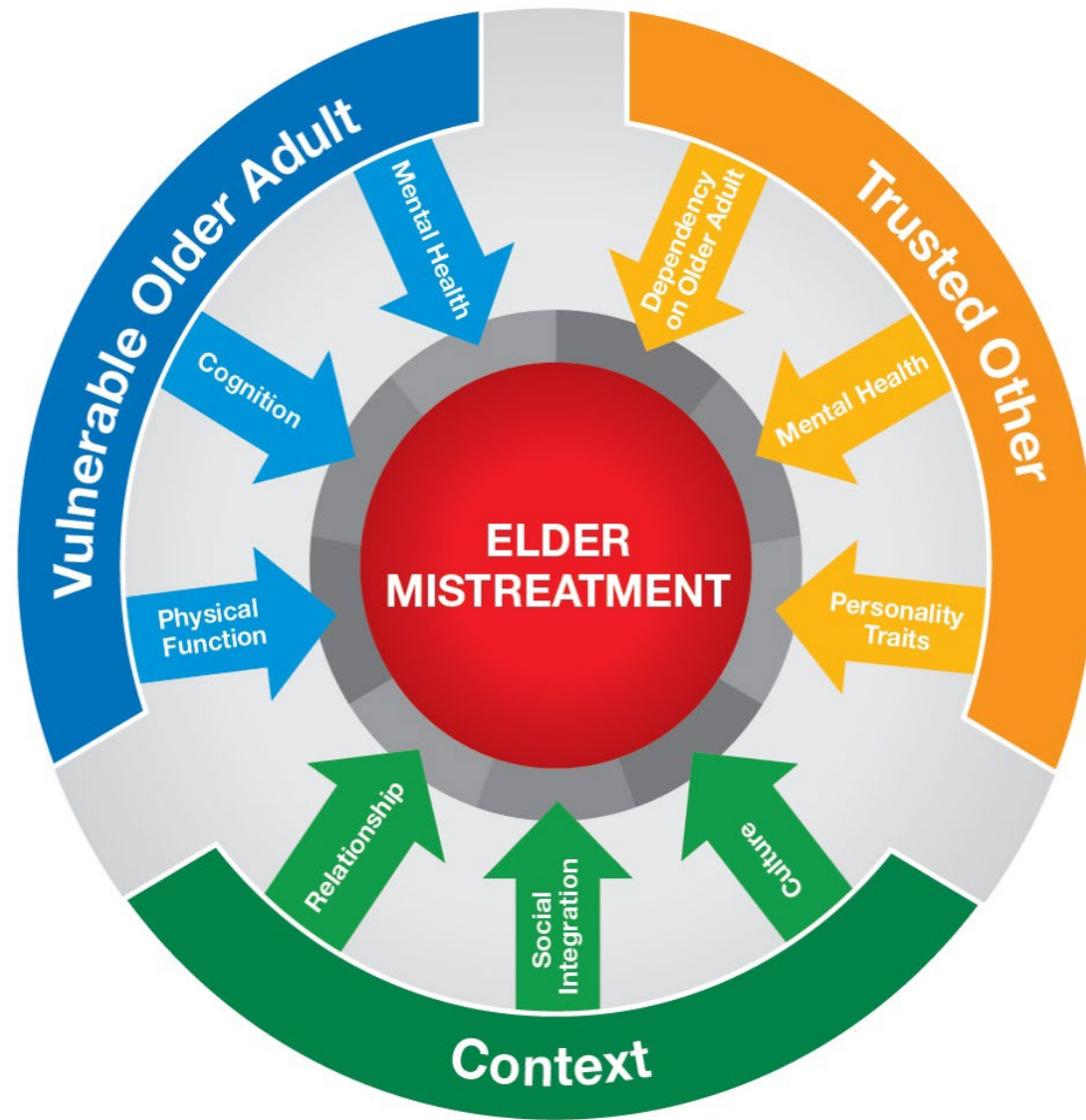
Abuse Intervention/Prevention Model

- Three domains
- Factors known or thought to be related to risk of abuse in each domain
- Discern modifiable vs nonmodifiable risk factors

Mosqueda L, Burnight K, Gironde MW, Moore AA, Robinson J, Olsen B. The Abuse Intervention Model (AIM): A pragmatic approach to intervention for elder mistreatment. *J Am Geriatr Soc*, Aug 2016.

Abuse Intervention Model (AIM)





Mosqueda L, Burnight K, Gironda MW, Moore AA, Robinson J, Olsen B. The Abuse Intervention Model (AIM): A pragmatic approach to intervention for elder mistreatment. *J Am Geriatr Soc*, Aug 2016

Mrs. H

- 81 year old with moderately advanced dementia, living in a SNF in the midwest
- March 2: Family is told about a “pressure wound” on her buttock and are sent a photo
- March 18: family discovers bruises on her arm
- April 8 family notices bruising on her hand
- March 30: family notices a bruise on her lip
- April 19: family sees a bruise on her shin

Response by facility staff

- Pressure sore: *just came out this morning*
- Arm: *She fell*
- Hand: *I don't know*
- Lip: *She got bumped during a Hoyer lift transfer*
- Shin: *I don't know*

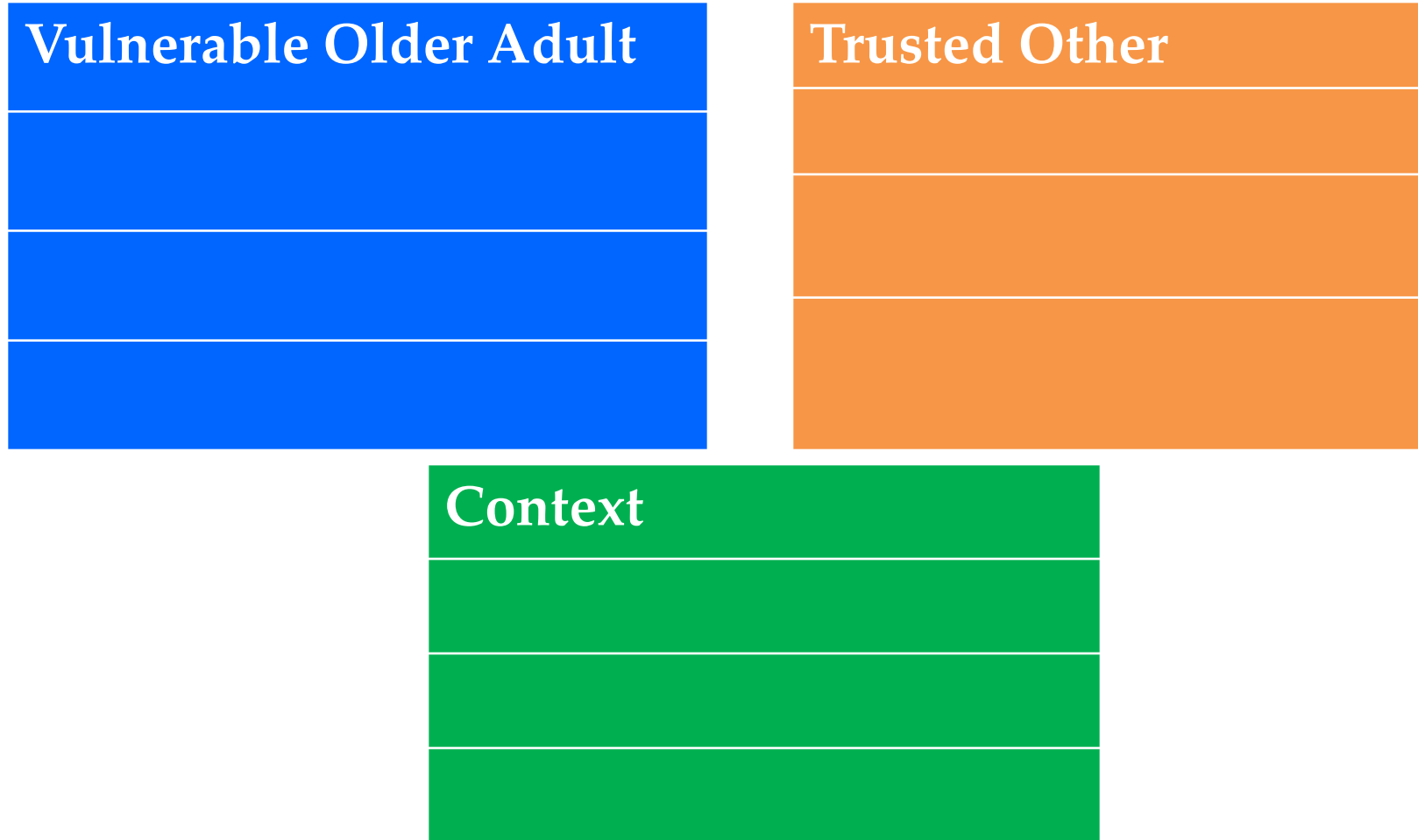
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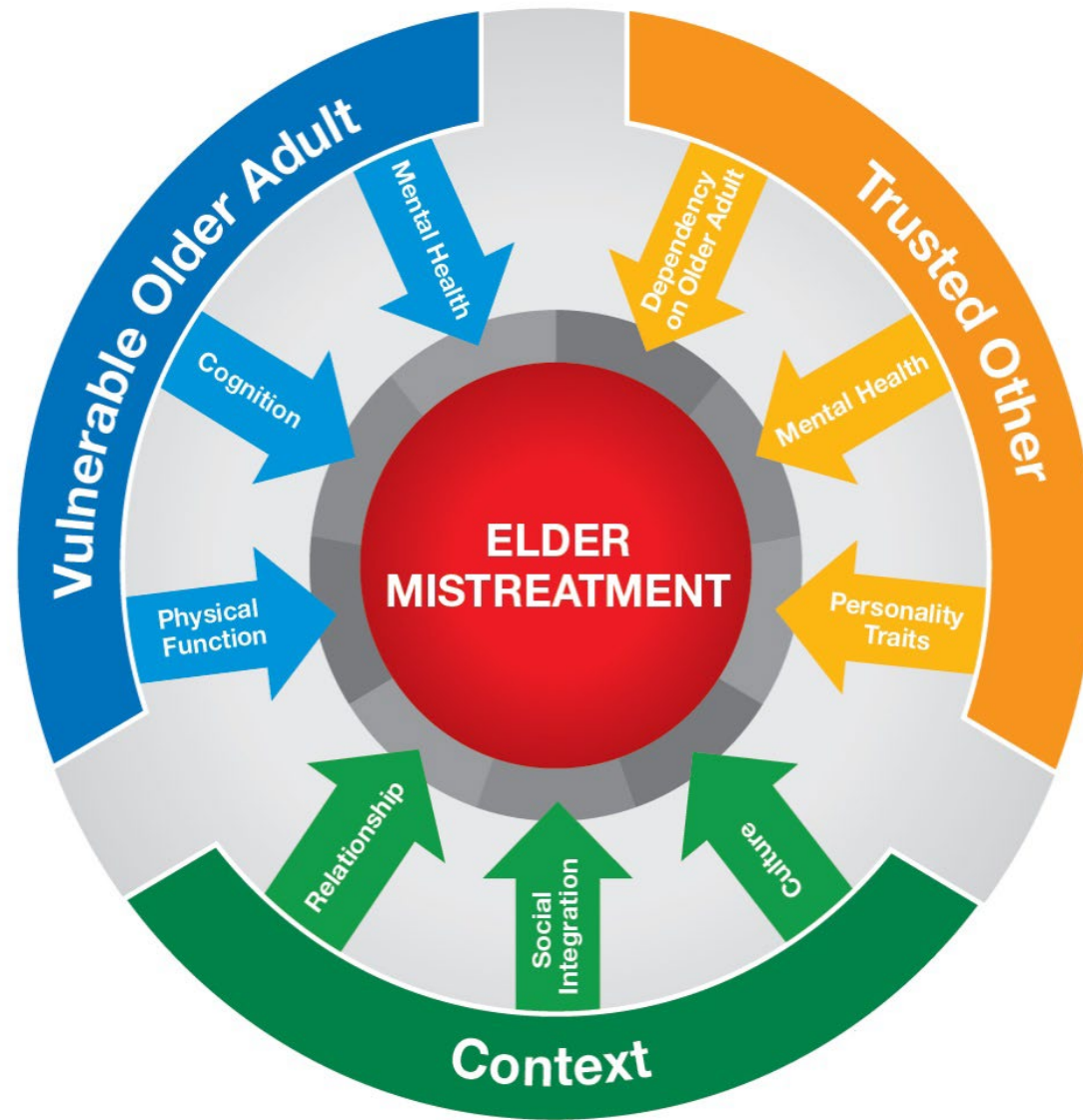
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Abuse Intervention Model (AIM)





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AIM Risk &/or Associated Factors

Adults with Dementia

- Aggressive behavior
- Resistance to care
- ADL dependency

Caregiver

- Depression
- Perceived burden
- Fatigue

Context

- Staffing ratio
- Training
- Support



AIM applied to Mrs. H

Mrs. H

Caregiver(s)

Context

Moving towards

- Prevention
- Intervention
- Amelioration
- Treatment/care

Trainings and Resources

- Coalition of Advocates for the Rights of the Infirm Elderly (carie.org)
- Consumer Voice (theconsumervoice.org)
- Sexual Assault Nurse Examiners (SANE) are trained to assess victims of sexual assault including collection of forensic evidence



ncea.acl.gov

Training Resources
on Elder Abuse

trea.usc.edu

USC Center on Elder Mistreatment

eldermistreatment.usc.edu