

Forensic Markers of Elder Abuse

Laura Mosqueda, M.D.

Director of Geriatrics

Professor of Family Medicine

University of California, Irvine School of Medicine

Caveats

- This lecture is primarily designed for professionals who work with older adults
 - Adult Protective Services workers
 - Health care providers
 - Social workers in the community and health care settings
- Some of the photographs and descriptions will be unpleasant and disturbing
- We'll be focusing on physical abuse and neglect



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I've had enough of this:

“That’s not abuse. He’s just old and old people bruise easily.”



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and this:

“That’s not abuse. He’s just old and old people fracture easily.”



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and this:

“That’s not abuse. He’s just old and old people fall.”



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and this:

“That’s not abuse. He’s just old and old people get pressure sores.”



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Why the Difficulty?

- Why is it often difficult to tell if physical abuse has occurred?
- Why is it often difficult to tell if neglect has occurred?
 - *Normal* age-related changes
 - *Common* age-related changes
 - *Context* in which an injury (fracture) or wound (pressure sore) or event (grabbed an arm) occurred

The Challenge in Elders

- Normal changes of aging
 - Multiple co-morbidities
- Medication effects
 - Cognitive impairment



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Normal & Common Changes

- Integument
 - Thinner epidermis
 - Capillary fragility
- Sensory
 - Presbycusis
 - Slower reaction time
 - Macular degeneration, cataracts
- Renal: Decrease in creatinine clearance



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Normal & Common Changes

- Musculoskeletal
 - Decrease in muscle mass (sarcopenia)
 - Decrease in bone density (osteoporosis)
- Function
 - Gait & Balance
 - Driving
 - Handling finances



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Dementia and Abuse

- May be unable to recognize abuse
 - May be unable to report abuse
 - May not be believed
-
- People with dementia are especially vulnerable



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What are some clues that abuse may have occurred?



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History/Interview

- Implausible/vague explanations
- Delay in seeking care
- Unexplained injuries - past or present
- Interaction between patient and caregiver



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Clues on Physical Exam

- Sores, bruises, other wounds
- Unkempt appearance
- Poor hygiene
- Malnutrition
- Dehydration



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Does the story match the
physical findings?



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Pressure Ulcers

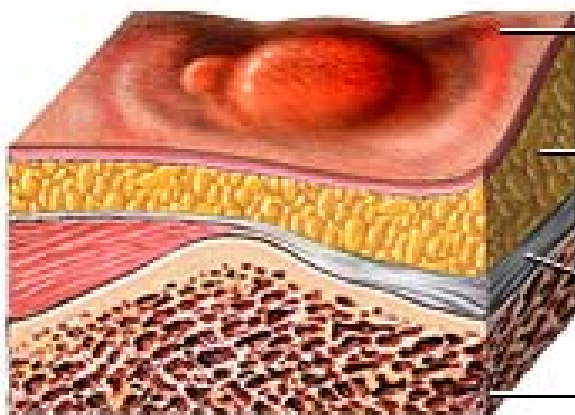
- Can occur despite good care
- Worrisome signs:
 - Not being treated
 - No health care provider has been notified
 - Smelly, dirty
 - Deep
- Stages I through IV



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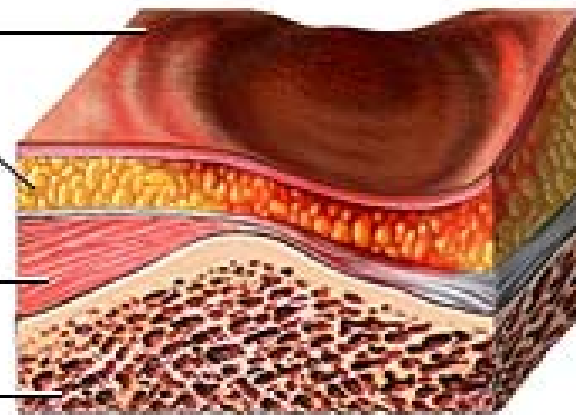
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St I

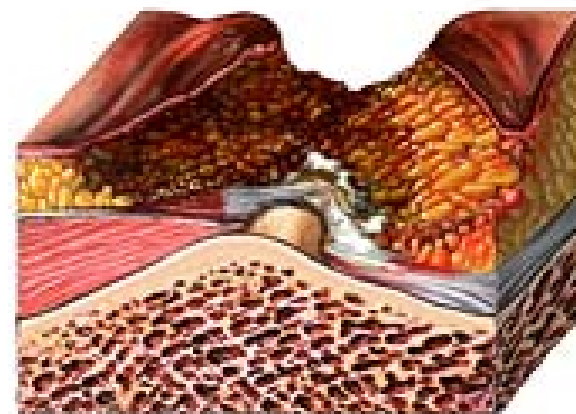


Skin
Fat
Muscle and tendon
Bone

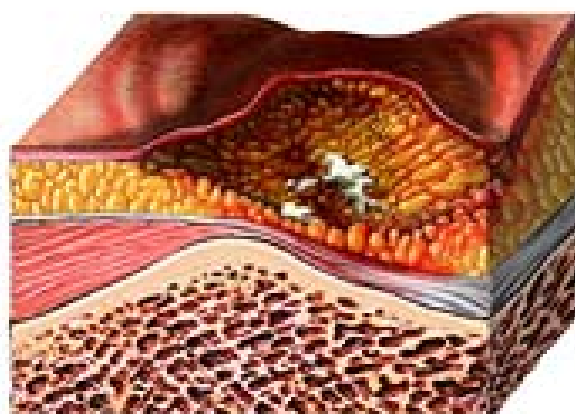
St II



St IV



St III



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Laboratory Findings in Abuse (direct and indirect)

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



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The Importance of Context

- All bruises are due to the same thing: a blood vessel ruptures and blood extravasates into the surrounding tissue
- All pressure sores are due to the same thing: there's inadequate blood supply to maintain perfusion of the tissues
- All fractures are due to the same thing: an external force greater than the strength of the bone was applied.



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Context (cont'd)

- Our job is to figure out **why** these things happened
- Most of the time, understanding the context is key to making a determination
- Sometimes, though, it's pretty darn obvious and I don't really need to know much about the context!



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These are tough issues and we need to be cautious

- Don't want to accuse unfairly
- Don't want to miss an abusive situation and fail to protect a vulnerable person
- We need to ask the right questions and listen with a critical ear to explanations



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