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.
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.
OFFICER CHERIE HILL
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Collecting Evidence in Cases of Elder Physical Abuse and Caregiver Neglect

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
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!**
Elder abuse is typically committed by a caregiver or person in a position of trust:

- Adult child
- Grandchild
- Spouse
- Paid caretaker or opportunist
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
- 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
Caregiver 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
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