Aging, Memory and the Criminal Justice System

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Definitions

- Gerontology
  - *geron* old man
  - *logos* knowledge
- Geriatrics
  - *geron* old man
  - *iatros* healer

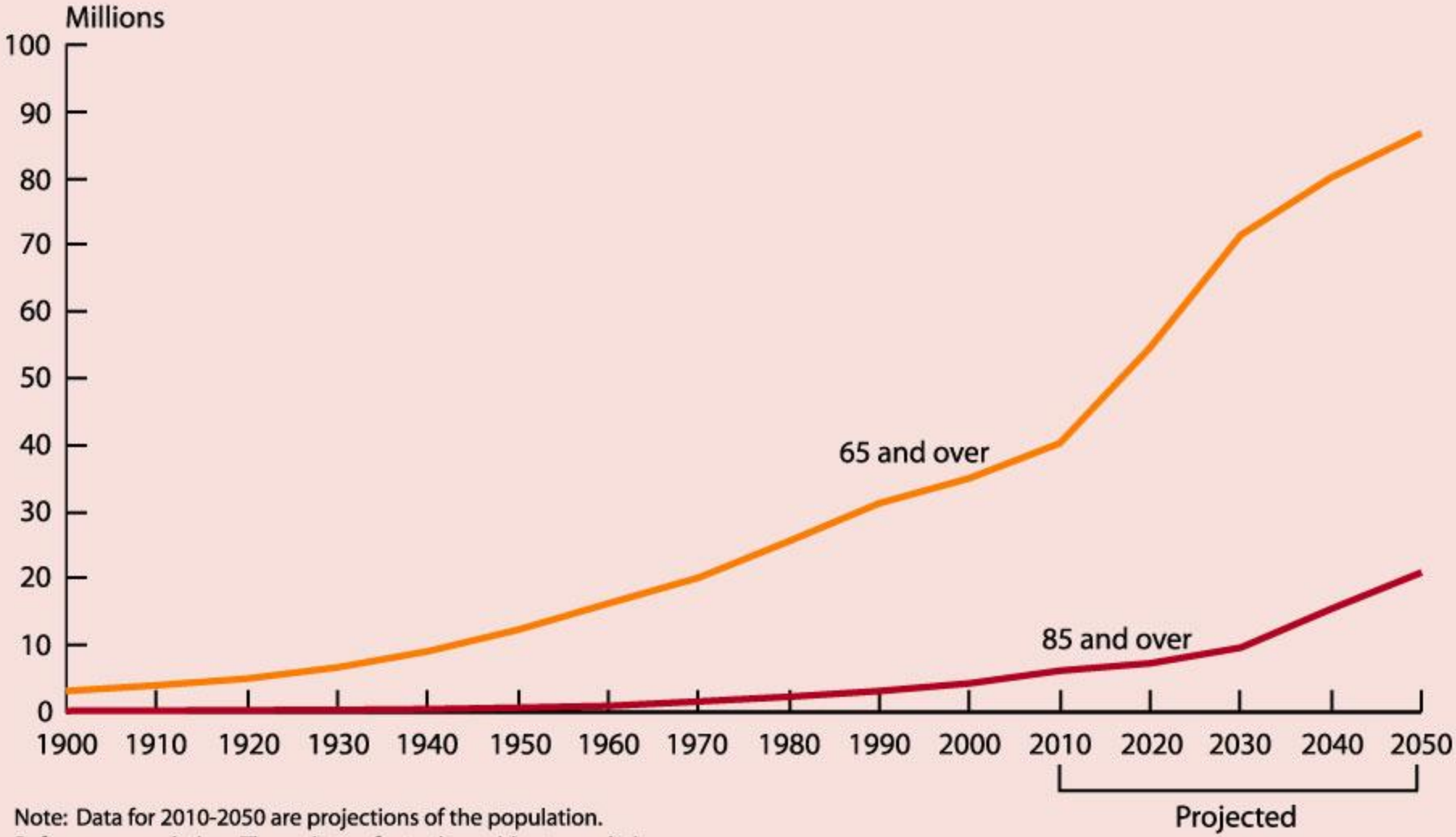
- **Gerontology** is the study of the aging process
- **Geriatrics** is the medical field specializing in old age

Understanding Ourselves

- What do YOU believe about the aging process?
- Are you afraid of getting old?
- How do your fears influence your interactions with older adults?
- How do your beliefs influence the way you think about family violence and elder abuse?
- How do your beliefs influence the way you live your life?

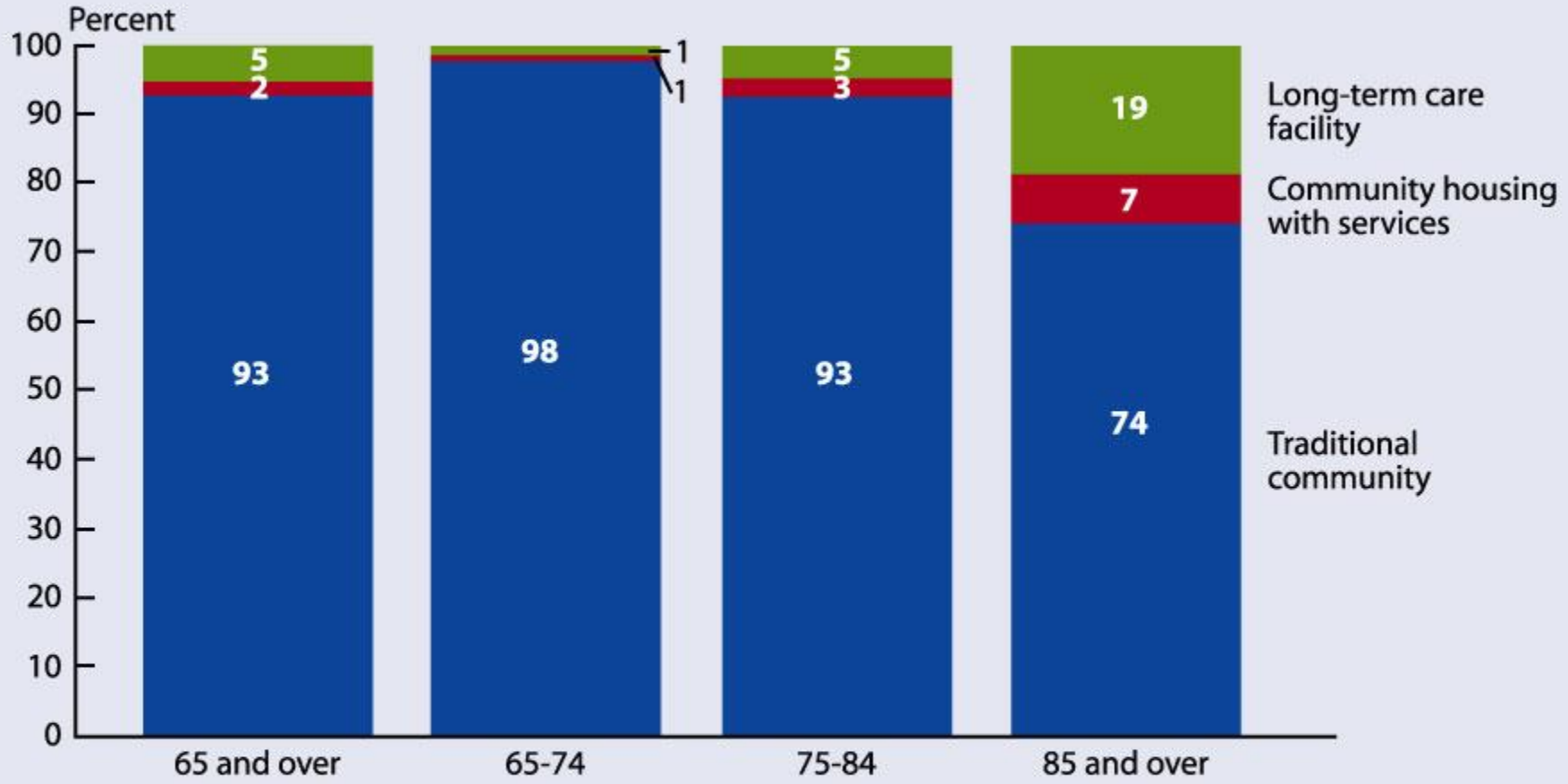
A few statistics about the aging population in the U.S.

Number of people age 65 and over, by age group, selected years 1900-2000 and projected 2010-2050



Note: Data for 2010-2050 are projections of the population.
Reference population: These data refer to the resident population.
Source: U.S. Census Bureau, Decennial Census and Projections.

Percentage of Medicare enrollees age 65 and over residing in selected residential settings, by age group, 2002



Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and other similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation, cleaning or housekeeping services, laundry services, help with medications. Respondents were asked about access to these services but not whether they actually used the services. A residence is considered a long-term care facility if it is certified by Medicare or Medicaid; or has 3 or more beds and is licensed as a nursing home or other long-term care facility and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a caregiver.

Reference population: These data refer to Medicare enrollees.

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey.

Why have a special law for older adults?

As age increases, so do the number of health, social, and psychological issues that make older people more dependent

Chronic Illnesses
Medications
Depression
Dementia
Quantity and quality of social support

Why am I concerned?

- “Old people just bruise easily.”
- “Old people are dirty.”
- “It’s a shame, but lots of old people die with bedsores and in pretty filthy condition.”
- “It’s not a big deal. People with dementia can’t feel pain.”

CA criminal law: PC 368[b][1]

Any person who knows or reasonably should know that a person is an elder or DA and who, under circumstances or conditions likely to cause GBH or death .....having the care or custody of any elder or DA, willfully causes or permits the person or health of the elder or DA to be injured, or willfully causes or permits the elder or DA to be placed in a situation in which his or her person or health is endangered.....

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The challenge of identifying an injury as “abuse” or “neglect”…..

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

Vulnerabilities to Mistreatment

- Difficulty defending oneself, physically and emotionally
- May be more reliant on others for assistance than in the past
- Fear of losing independence if a report is made, so more susceptible to threats

Why is this so difficult?

- 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

Normal & Common Changes

- Musculoskeletal
  - Sarcopenia (decrease in muscle mass)
  - osteopenia/osteoporosis (low bone density)
- Cardiovascular
  - orthostatic hypotension (blood pressure drop)
- Function
  - gait/falls
- Neurologic
  - Dementia

Normal & Common Changes

- Renal: decrease in creatinine clearance (i.e. decline in kidney function)
- Integument
  - thinner epidermis
  - capillary fragility
- Sensory system
  - presbycussis
  - macular degeneration, cataracts

Decrease in Physiologic Reserve

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

Contextual Factors

- **Medical** issues
  - What diagnoses does this person have?
  - Are the diagnoses complete & accurate?
  - Are the illnesses optimally treated?
  - What medications are being taken?
- **Mental health** issues
  - Depression
  - Substance abuse
  - Anxiety disorder/hoarding behavior

Contextual Factors (cont'd)

- **Functional** issues
  - ADLs and IADLs
  - Need for assistance
- **Social** complexities
  - Family conflict
  - Caregivers, paid and unpaid
- Questions about **cognition**
  - Capacity to make decisions
  - Dementia

Criteria for Dementia

- Loss of memory
- Loss in at least one other cognitive domain (e.g. language, spatial relations, judgement)
- Loss of function

Demographics of Dementia

- 4 million in U.S. currently
- 14 million in U.S. by 2050
- 1 in 10-20 persons aged 65+ and nearly half of those aged 85+ have dementia
- Life expectancy of 8-12 years after symptoms begin

The Person with dementia:

- May be unable to recognize abuse
- May be unable to report abuse
- May not be believed
- May not be recognized as having a dementia

Types/Causes of Dementia

….So, what distinguishes the 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

Early AD

Symptoms:

- Short term memory
- Words
- Judgment

Dilemmas:

- Driving
- Finances

Financial Abuse

Mid AD

Symptoms:

- Behavior
- Dressing
- Insight

Dilemmas:

- Explaining
- Moving

Physical abuse

Severe AD

Symptoms:

- Communication
- Mobility
- Swallowing

Dilemmas:

- Risk/benefit
- Nutrition

Neglect

Abuse of people with dementia by family carers: representative cross sectional survey

Cooper, et al., 2009.

Abuse of people with dementia (Cooper, UK)

- Focus: to determine the prevalence of elder abuse by family members
- Target Population: Family carers of home-dwelling elders with dementia
- Sample: 220 family carers of elders with dementia who were assigned to mental health teams in London and Essex.

Abuse of people with dementia (Cooper, UK)

- Methods
  - Data gathered from interviews of the family carers usually within their home environment
  - Interviews performed by experienced clinicians
  - Asked how often carers acted in 5 psychologically and 5 physically abusive ways over the past 3 months

Abuse of people with dementia (Cooper, UK)

- Findings
  - 0/220 carers stated that abuse was occurring "**all** of the time"
  - 1/220 carers admitted to abusive behaviors taking place "**most** of the time"
  - 115/220 of the carers reported **some** kind of abuse

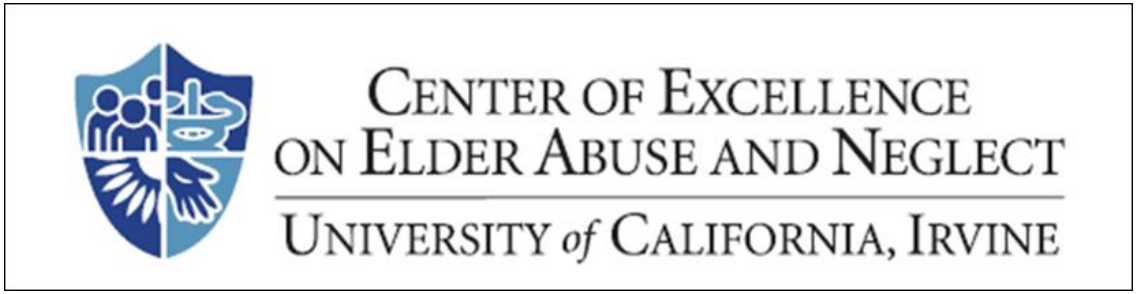
Abuse of people with dementia (Cooper, UK)

- Findings
  - 33% reported psychological abuse
  - 4% reported physical abuse
    - 3% stated physical abuse occurred due to self defense
  - 1% reported actual physical abuse

Mistreatment of People with Dementia by their Caregivers

University of California, Irvine School of Medicine
Program in Geriatrics

Funded by the California Department of Health Services



Methods

- 129 People with dementia and their caregivers were assessed for evidence of mistreatment as well as factors that might be related to mistreatment.

- Most of the data were provided by the caregivers.

The Findings

- 47% of participants with dementia (61) had been mistreated by their caregivers.
    - 42% (54) experienced psychological abuse
    - 10% (13) physical abuse
    - 14% (18) caregiver neglect

Characteristics of the Person with Dementia associated with mistreatment

- More psychological aggression*
  - For example, swearing at the caregiver
- Any physical assault behaviors*
  - For example, pushing or shoving the caregiver

* It is important to note that the study does not determine whether these behaviors preceded or followed the mistreatment.

Caregiver characteristics associated with mistreatment

- Higher anxiety
- More depressive symptoms
- Fewer social contacts
- Greater perceived burden
- Two other measures of poor emotional well-being from a widely used survey (SF12).

Conclusions

- About half of people with dementia are being mistreated, usually by a family member.
- Screening of these individuals is essential.
- Caregivers can be questioned to find out about mistreatment & they will admit to it.

Implications

- Caregivers should be asked about the behavior of the person with dementia.

- Based on their responses, follow-up questions about their own behavior may bring mistreatment to light.

Red Flags

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

Physical Abuse and Neglect: Clues on Physical Exam

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

Injury Assessment

Types of Injuries

- Bruises
- Pressure sores
- Fractures
- Burns

What to look for

- Location
- Delay in seeking care
- History & exam consistent?

Pressure Sores

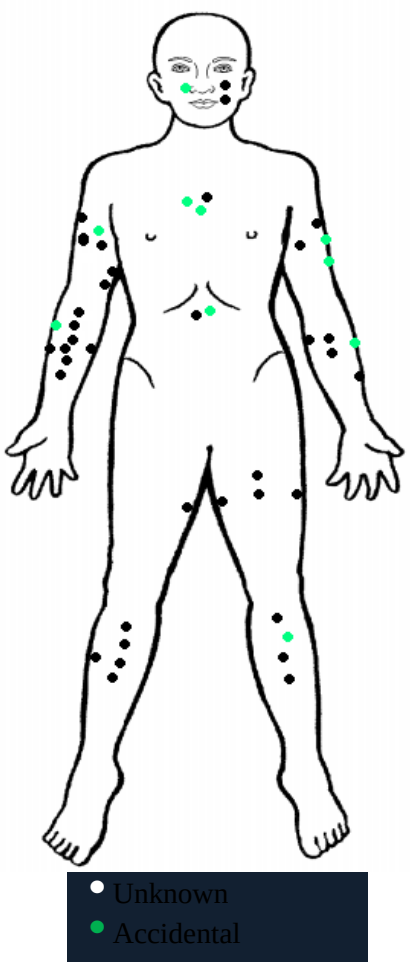
- common
- often preventable
- usually treatable

Pressure Sores: what an expert may be able to tell you

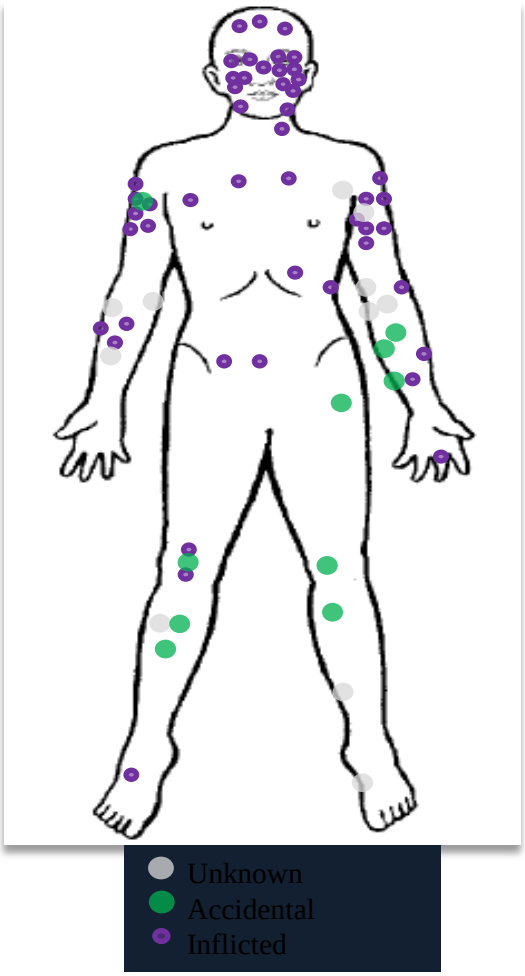
- Whether this was a high risk situation in which a pressure sore may have been inevitable
- Whether this is typical in appearance
- Whether this is typical in location
- Whether treatment was sought or carried out appropriately (i.e. standard of care)

Anterior Comparison

Part I: Accidental

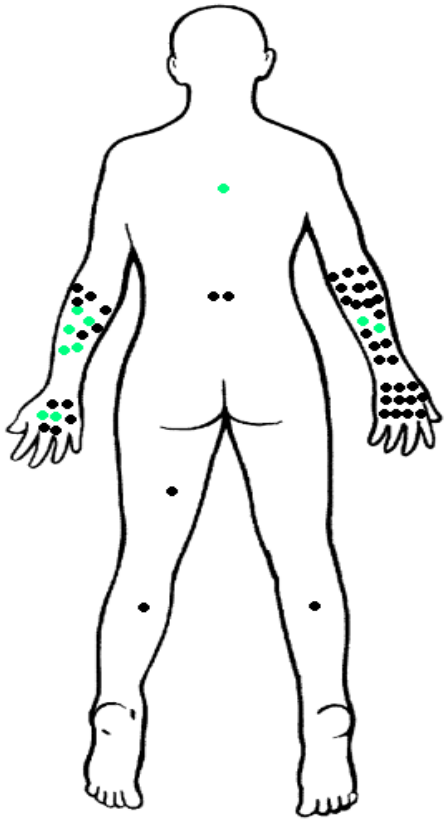


Part II: Physical Abuse



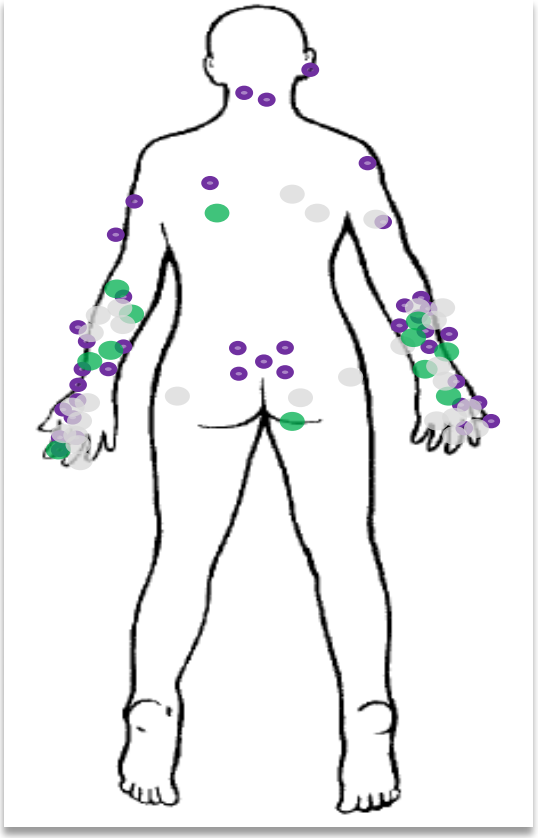
Posterior Comparison

Part I: Accidental



Unknown
Accidental

Part II: Physical Abuse



Unknown
Accidental
Inflicted

What can blood tests reveal?

- Nutritional status
- Hydration status
- Renal function
- Evidence of infection
- Control of diabetes
- Medications/drugs
  - Direct (e.g. digoxin level)
  - Indirect (e.g. TSH)

Defining the functional status of the victim - to help understand the risk & circumstance for abuse or neglect

Instrumental Activities of Daily Living (IADLs)

- Shopping
- Cooking
- Handling finances
- Transportation (driving or arranging)
- Medications

Independence with IADLs predicts independence in the community.

Basic Activities of Daily Living (ADLs)

- Mobility
- Transferring
- Bathing
- Continence
- Toileting
- Getting dressed
- Feeding oneself

Independence with ADLs predicts independence in the home.

Figuring out neglect

- Understand the patient's functional status (ADLs and IADLs)
- Understand the patient's vulnerabilities
  - Which activities require assistance?
  - Is the need due to physical issues, cognitive issues, or both?
  - What type of assistance is required?
- Identify the caregiver, if possible

Figuring out neglect

- What are the caregiver's capabilities and limitations?
  - Physical
  - Emotional
  - Social
  - Financial
- This is where we tend to excuse behavior that is actually unacceptable

What I look for

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

Signs of Neglect

- Malnourished
- Dehydrated
- Coated with fecal matter/ urine stained
- Inadequately clothed
- Untrimmed toenails, matted hair
- Bed sores

Understanding Ourselves

- What do YOU believe about the aging process?
- Are you afraid of getting old?
- How do your fears influence your interactions with older adults?
- How do your beliefs influence the way you live your life?
- How do your beliefs influence the way you do your job?

What **can** we do with this information?

- Prevent
- Detect
- Protect
- Report
- Investigate
- Prosecute
- Help

What **will** we do with this information?

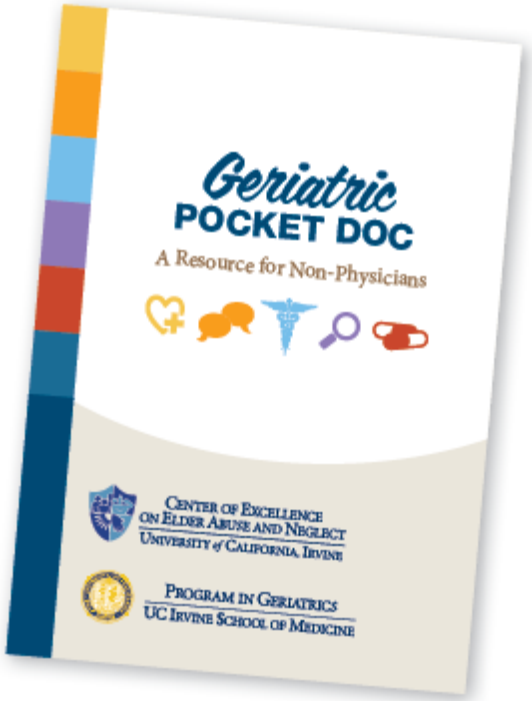
- Prevent
- Detect
- Protect
- Report
- Investigate
- Prosecute
- Help

- Social services?
- Medical providers?
- Law enforcement?
- Prosecutors?

GERIATRIC POCKET DOC

Geriatric Pocket Doc, 2nd Edition

- A portable guide to common geriatric conditions and medications
- Warning signs of abuse and neglect, and documentation tips
- Useful to service providers, older adults and family members
- **$12.50/each** (tax included) + shipping



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www.centeronelderabuse.org

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NCEA
National Center on Elder Abuse

ncea.aoa.gov

Ageless Alliance: United Against Elder Abuse

- **A national grass roots movement for people of all ages to take action against elder abuse locally and nationally**
- **Web based: www.agelessalliance.org**
- **Building Awareness**
- **Providing Support**
- **Promoting Community Involvement & Action**
- **Advocacy**

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AGELESS ALLIANCE
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Understanding Ourselves

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- How do your beliefs influence the way you live your life?

What ought we do?

- Raise our expectations
- Encourage and empower elders to raise *their* expectations
- Understand/View older adults as an asset
- Strengthen the care systems (health, social, criminal justice)
- Devise more opportunities for older adults
- Have a genuine appreciation of what each person has to offer and help them be their best