Forensic Nursing and Elder Abuse

Linda Reimer RN, BScN, SANE-A
Domestic Abuse and Sexual Assault (DASA) Care Centre of York Region
Goals

- Define forensic nursing
- Look at opportunities for collaboration:
  - Forensic assessment, documentation and intervention
- Case studies
Forensic Nurses...

Apply nursing science to public or legal proceedings so that the forensic aspects of health care are combined with the bio-psycho-social education of the registered nurse in the scientific investigation and treatment of trauma and/or death of victims and perpetrators of abuse, violence, criminal activity and traumatic accidents.

IAFN scope and standards
Forensic Nursing Subspecialties

Death investigators
Sexual assault nurse examiners (SANEs)
Interpersonal violence nurse clinicians
Forensic emergency nurse specialists

Forensic psychiatric nurses
Forensic community mental health nurses
Forensic pediatric/geriatric nurses
Legal nurse consultants
Correctional or prison nurses
Key Components

Registered nurse with further training/education in:

- working with victims of violence/crisis intervention
- forensic assessment
- injury identification and documentation
- forensic photography
- collection & continuity of evidence
- risk assessment/danger assessment & safety planning
- legal issues pertaining to practice
- forensic reports & testifying in court
Forensic Patients

- Victims of violent crime:
  - Sexual assault
  - Domestic violence
  - Child abuse/sexual assault/sexual exploitation
  - Elder abuse/neglect
Elder Abuse/Neglect

- Not clearly defined in the literature- who is considered “elder”, relationship vs. stranger violence?
- Many forms: physical, sexual, emotional, psychological, financial, neglect
- Can be criminal in nature
Elder Abuse...

...is harm done to an older person by someone in a special relationship & may include:

**physical abuse**: slapping, pushing, beating or forced confinement

**sexual abuse**: sexual assault or any unwanted form of sexual activity

**mental abuse**: treating the older person like a child or humiliating, insulting, frightening, threatening, or ignoring

**financial abuse**: stealing, fraud, extortion, misusing a power of attorney

**neglect**: failing to give the older person the necessities of care such as food, medical attention or abandoning
**S & S of Elder Abuse**

**Physical Abuse**: Bruises, broken bones, other injuries, signs of restraint; refusal by a caregiver to “allow” visitors.

**Sexual Abuse**: Pain, bruising/swelling of anogenital area/ STI’s

**Psychological Abuse**: Verbal abuse such as shouting and insults; signs of emotional upset such as agitation, anxiety and withdrawal.

**Financial Abuse**: Sudden changes in will/ other financial documents/ bank account or banking practices; unexplained disappearance of funds or valuable possessions.

**Neglect**: Malnutrition, poor hygiene, inadequate living conditions, untreated medical concerns.
Elder Abuse?

- Rates of elder abuse in Canada, Europe & U.S. estimated to be from 4% to 10% of the senior population.
- Seniors (those aged 65 years and older) currently account for 14% of the Canadian population (4,340,000) = 173,600-434,000
- Rate will continue to grow over the coming decades, reaching nearly one quarter (24%) of the population by 2031.
Typical Victim Profile

- Widowed or living alone
- Social isolation
- Female, over 75 years
- Physical/cognitive impairment
- Dependent on caregiver
The Abusers

- Family:
  - Women more likely to be abused by spouse/ex (35%)
  - Men by adult child (45%)
- Paid caregiver
- Nursing home or healthcare provider
- Other residents
The Abusers

- Close relative or care-giver
- May have substance abuse problems
- Hx of mental illness
- Be dependent on the older person for assistance
- Be resentful of care-giving role
- Financial problems
Nursing Homes

Unusual occurrences related to alleged abuse in Ontario nursing homes

Source: Ontario Ministry of Health and Long-Term Care
Homicide

- Older women are more likely to be killed
- Usually by a family member:
  - Spouse - 40%
  - Adult son - 34%

“Between 1996-2005, 41% of individuals accused of committing a homicide against an older adult family member had a history of family violence with that victim.”
Offences Under the Criminal Code

- **Physical Abuse**: assault/ aggravated/ causing bodily harm/use of weapon/ forcible confinement/ murder/ manslaughter

- **Sexual abuse**: assault/ aggravated/ use of weapon

- **Psychological**: intimidation/ threats/ harassment

- **Neglect**: criminal negligence causing bodily harm/ death/ breach of duty to provide
Reasons for under-reporting:

- victim’s feelings of shame/ guilt/ fear that the report will result in even worse treatment from their abuser
- want to protect the perpetrator who is often a family member
- unsure of where to turn for help
- **lack of awareness of elder abuse and failure to recognize and report it when it does occur.**
Opportunities to Connect: Forensic Nursing and Elder Abuse

- Policy development:
  - Screening for abuse, responding to incidents, when to refer

- Education:
  - Recognizing S & S, screening, documenting findings

- Intervention:
  - 35 hospital based centres in Ontario with specially trained nursing teams available 24/7
  - Forensic assessment, documentation and intervention
Forensic Assessment

- Nature of the current assault & history of abuse
- Risk assessment
- Mental/emotional health
- Forensic physical exam
- Collect forensic evidence
Forensic Exam Purpose

- To confirm recent contact between individuals and/or objects (Locards’ principle)
- To note evidence of physical force/neglect
- To identify other person(s) involved in contact
Locard’s Principle

- When a person (s) or object (s) come in contact with another person or object, there is the possibility that an exchange of materials will take place.
- Cross transfer of evidence (trace, DNA).
- If properly obtained and examined can be powerful and reliable evidence in any type of trauma, violence or crime.
Forensic Evidence

Sources of evidence:
- Clothing
- Body evidence
- Genital/anal evidence (SAEK)
Forensic Physical Exam

May include:

- a head to toe examination of the client (undressed)
- inspection of the client’s body noting areas of tenderness, swelling, decreased ROM, change in LOC, indications of trauma
- palpation for areas of tenderness
- identification and detailed description of injuries
- collection of trace forensic evidence as required (fibers, hair, swabs, etc…)
- sexual assault evidence kit
Documentation of injuries

- Use a body map.
- Give a detailed description of injuries
- Document areas of tenderness.
Documentation of Injury

• Type of injury
• Location
• Size
• Colour
• Pain
Blunt Wounds

Four types of Blunt Trauma

1. Abrasions (can be scratches or grazes)
2. Bruises (contusions)
3. Lacerations (tears) NOT cut
4. Fractures
1. Abrasions

- Excoriation or circumscribed removal of the superficial layers of skin, limited to the epidermis and is due to lateral rubbing, sliding or compressive force against the skin in a parallel manner.
- Marks the exact point where contact occurred “V’ rule.
- May indicate direction of force.
Abrasions
2. Bruises

- Bruises are caused after sufficient force has been applied to distort soft tissues and tear one or more blood vessels but not break the skin. Blood leaks into surrounding tissues from the damaged blood vessels and various color changes occur.
  - Blood may track past structures into other areas and so is not necessarily the point of contact.
Bruise
Petechiae
3. Lacerations

- Laceration/Tear
  - Tearing or distortion of soft tissues due to over stretching or compression, tearing, ripping, crushing
  - Blunt force applied vertically, perpendicular to the skin
  - Edges can be irregular, vary greatly in size and shape, may be able to approximate the edges
Laceration
4. Fractures

- Bones may fracture in different ways due to amount and direction of force.
- Transverse, spiral, fragmented, compound, linear.
Patterned Injuries

- Refers to injuries in which one can easily identify the object that was used to inflict the injury.
- May see a pattern from zippers, belt buckle, necklace or chains, rings, rope or woven cords.
- Bite marks are important patterned injuries that can be linked back to an assailant.
Bite mark
Burns

- People over 65 y.o. have twice the national death rate secondary to burns, 3x over age 75, 4x over the age of 85
- Bowden et al found that 70% of cases of adult over 60 burns were related to neglect
- Another study found 40% of burn cases in elderly related to neglect
Other indicators of possible abuse or neglect:

- Decubiti ulcers
- Weight loss
- Dehydration
- Hygiene issues
- Medication issues
Sexual Assault

- Older women may be at increased risk of injury due to decreased estrogen
- Increased vaginal dryness
- Thinning of the tissue
- Increased friability
- May result in pain and bleeding
Sexual Assault Evidence Kit
Forensic Photography

- Forensic photography of injuries (pre& post treatment if possible)
- Photograph injuries acutely & 2-3 days later
- Treatment of any injuries (sutures, etc…)
- Follow rules of three:
  - Identifying photo (name of victim, nurse, date & time)
  - Photo of patient
  - Close up of each injury with & without a forensic ruler
Day 1 post assault
Day 4 post assault
Interventions

- Risk Assessment & Safety Planning
- Address acutely (shelter, hospitalization)
- Complicated and ongoing
- Cases need a multi-disciplinary approach
Complexities

- Competency
- Ethical issues (consent, reporting)
- Long term abusive relationship
- Safe assessment
Case Studies
Refer/Consult

- **Acute Cases:**
  - Any client who is the victim of a known recent physical assault (1-2 weeks)
  - Any client who is the victim of a known sexual assault within the past week

- **Non Acute:**
  - Any client who is the victim of ongoing physical, sexual abuse or neglect but does not meet acute case criteria
Consultation

- Connect with the local sexual assault and domestic violence healthcare program [www.satcontario.com](http://www.satcontario.com)