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 - Medical Issues in Abuse/Neglect Cases:
 - Bruising and Medications

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This webinar is sponsored by the Adult Protective Services Program at the Illinois Department on Aging under a grant awarded by the Administration on Community Living.

Trained case workers at local provider agencies conduct investigations and provide support in resolving reports of abuse, neglect, financial exploitation, or self-neglect involving adults with disabilities (age 18 – 59) and other older adults (age 60+) living in community-based (non-institutional settings).



Disclaimer

- This presentation is provided for general information purposes only and does not constitute legal or professional advice.
- The views expressed in this presentation are those of the speaker and may not necessarily represent the policy interpretations and procedures issued by the Adult Protective Services Program at the Department on Aging.

Session Objectives

- Describe how to distinguish bruises caused by abuse from other causation
- Describe the role of medications in the investigation of abuse and neglect cases



Overview

- Responders may be told that what appear to be abuse-related injuries are due to normal aging, accidents/falls, medications, or underlying medical conditions.
- Injuries related to abuse may be overlooked or ascribed to non-abuse causes.
- This session will provide information to help law enforcement identify types of injuries and conditions that are more likely associated with abuse or neglect of victims.



WARNING

This presentation contains graphic images that may be disturbing to some viewers.



“Elder Abuse: Physical Abuse”

- Elder Justice Initiative and the International Association of Chiefs of Police Video
- St. Paul, MN



Bruises

- Bruising occurs when blood vessels, including capillaries, break open and leak blood under the skin.
- There can be skin, muscle, and bone bruises.
- The very young and the elderly tend to bruise more easily.
- The colors of bruises tend to change from the outer perimeter inward over time.

Related Terms

- **Ecchymosis:** Used as an interchangeable term for “bruise”.
Discoloration of skin is likely caused by factors other than injury, including use of anticoagulants, surgery, fractures, certain blood conditions and diseases, and end-stage kidney disease.
- **Purpura:** Look like bruises but are caused by certain skin and vascular conditions. Appear as purplish spots to large patches.

Bruises in Older Adults – Accidents

Accidental bruises:

- ▶ Often seen on bony protrusions of face and extremities (e.g., arm below the elbow, back of the hand, and shins)
- ▶ No bruising on the neck, ears, genitalia, buttocks, or soles
- ▶ Often victim is unable to describe when or how the injury occurred

**Key factors are location, size, number,
and victim's awareness of origin**

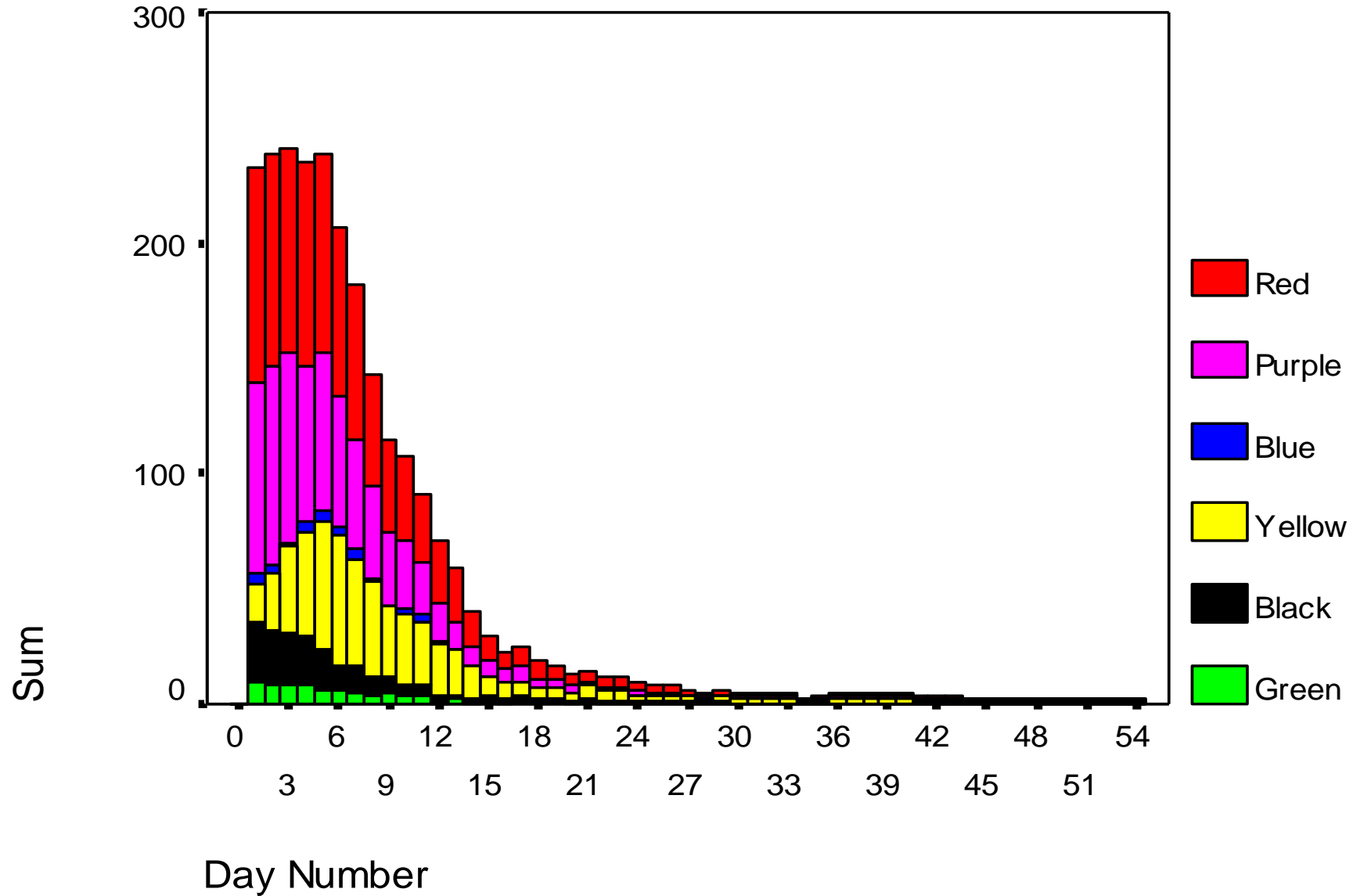
Bruises in Older Adults – Abuse

Injuries from Abuse:

- ▶ Often located on the head, neck, face, chest, back, upper arm, buttocks, and soles of the feet
- ▶ Victims can usually describe how they received their injuries
- ▶ Size is greater than 2 ½ inches (5 cm)

Bruises cannot be reliably aged by color

Progression of color



Heightened Suspicion

- Location
- Bi-lateral planes
- Patterned (finger pad marks, wrap-around bruising, shoe impressions, and linear patterns)
- Implausible or inconsistent explanations for the injury
 - Versions from different people do not match
 - Inconsistent with abilities and activities of the victim
- Someone impedes the victim's ability to speak with APS, first responders, law enforcement, or medical staff

Patterned Injuries

A



B



C

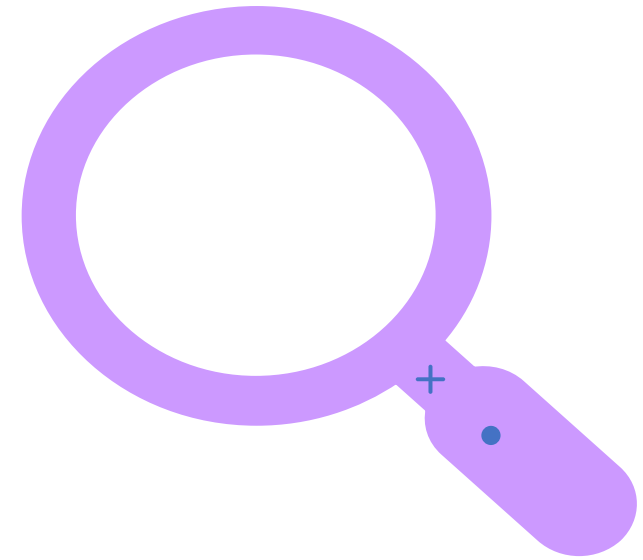


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Investigative Approach

- Use common terms in documentation
 - E.g., bruise vs. ecchymosis vs. purpura
 - If a diagnosis or medical term is used, document the source of information.
- Photograph all injuries, including bruises, and any areas that are painful
- Document location, size, location, and presence of any swelling
- Re-photograph 2 - 4 days later
 - Bruising may now be visible at the area initially indicated as being painful.



Medications



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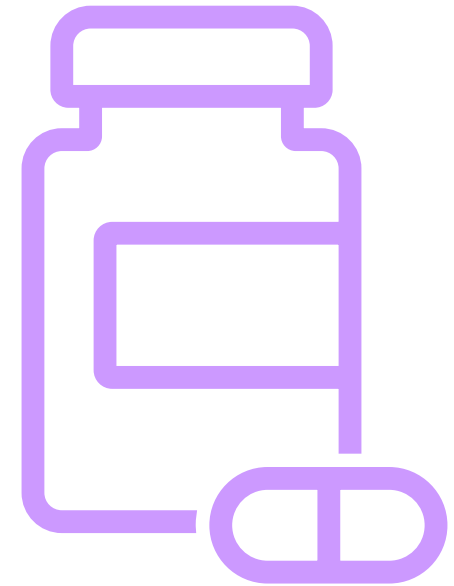


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Role of Medications (1)

- Can improve quality of life or be a tool for abuse and compliance
 - “Chemical Restraints”
- May improve cognition when taken as prescribed
 - Reporting
 - Recognizing what is occurring
 - Recall during interviews
- May increase confusion – mis-medication, over-medication, or under-medication



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Role of Medications (2)

- May be offered as explanation to counter allegations of apparent abuse
 - Some medications may create conditions that mirror abuse.
 - “Blood thinners” (e.g., aspirin and Warfarin) prevent clotting which can increase the risk of bleeding and bruising.
 - Some diseases (e.g., cirrhosis) can predispose a person to bleeding and bruising.

What to Document for Medications (1)



- Name of medication (all types)
- When and by whom prescribed
- Name of person to whom prescribed (patient name)
- Date filled
- Number and amount of pills/capsules/liquid initially prescribed
- Number/amount remaining at time of observation
- Refills and renewals - check with pharmacy
- Instructions on how to use medication
- Any warnings on the label
- Any automated medication dispenser
- Any statements by the victim, witnesses, or suspect about the medications
- Can victim self-administer? Does someone else need to organize or administer medications?
- Is any special skill required for the medication (e.g., blood glucose reading, dosage calculation, positioning, use of a needle or IV line, etc.)?
- Where are medications stored? Are medications being stored properly?

What to Document for Medications (2)



- For over-the-counter drugs and herbal supplements:
 - Name of medication
 - Dosage information
 - Warnings on label
 - Where stored? Is it kept with other prescribed medications?
 - Any statements about the medication or supplement?
- Photographs showing location and appearance of medications can be helpful in a case.

Use an Expert to Review Medications

An expert (e.g., a physician, pharmacist, nurse or toxicologist) may be able to:

- ▶ Review propriety of treatment plan based on underlying medical conditions
- ▶ Check on possible contraindications regarding usage
- ▶ Determine if dosage is correct
- ▶ Screen for interactions and side effects
- ▶ Offer opinion about possible abuse and neglect

Other Presentations

- Abuse, Neglect, and Exploitation of Older Adults and Adults with Disabilities
- Tips for Interviewing Older Adults and Adults with Disabilities: Overview
- Tips for Interviewing Older Adults and Adults with Disabilities: Rapport Building
- Medical Issues in Abuse/Neglect Cases: Pressure Ulcers
- Medical Issues in Abuse/Neglect Case: Strangulation and Suffocation
- Capacity and consent
- Powers of Attorney
- Abuse Investigation Case Study



For More Information

To report abuse, call:

1-866-800-1409, Adult Protective Services Hotline (24-Hour)

Additional Resources:

- <https://www2.illinois.gov/aging/ProtectionAdvocacy/Pages/abuse.aspx>
- <https://www2.illinois.gov/aging/Engage/Pages/default.aspx>



**Thank you for the work you do
to investigate allegations of
abuse to protect older adults
and adults with disabilities!**