

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



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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.



Prevalence - How Common Is

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

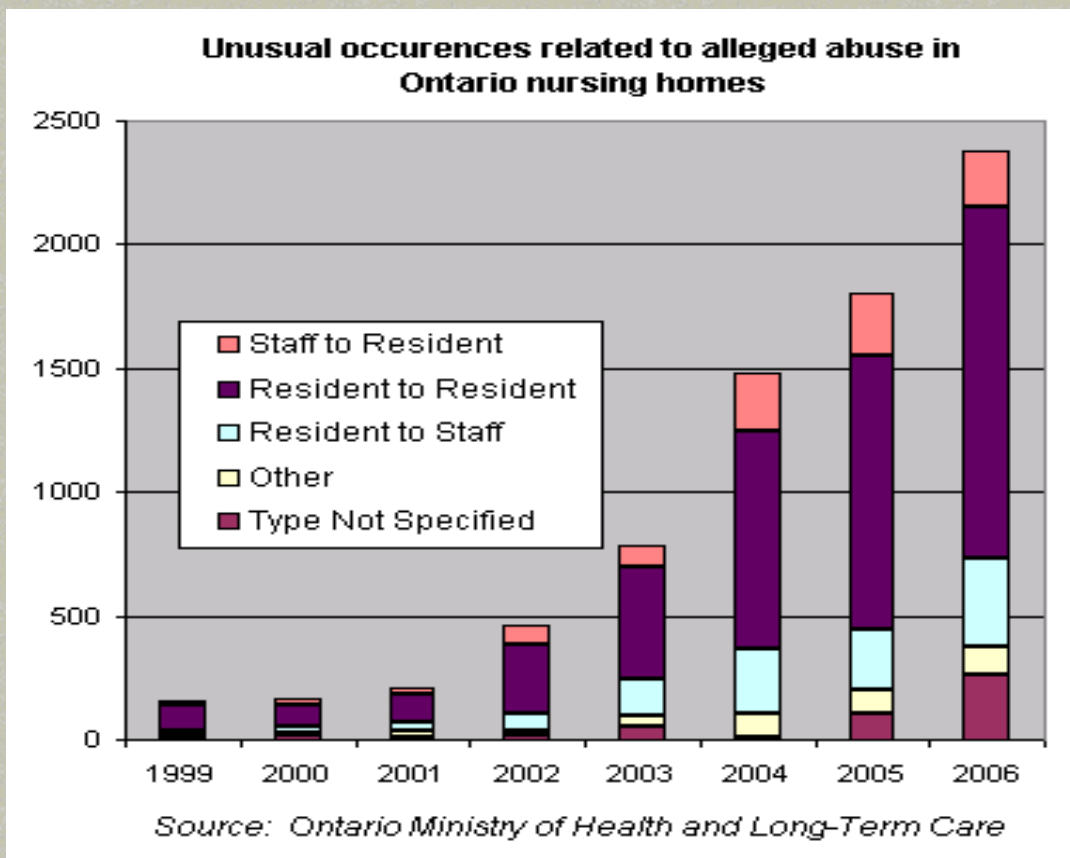
- Family:
 - Women more likely to be abused by spouse/ex (35%)
 - Men by adult child (45%)
- Paid caregiver
- Nursing home or healthcare provider
- Other residents



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






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)





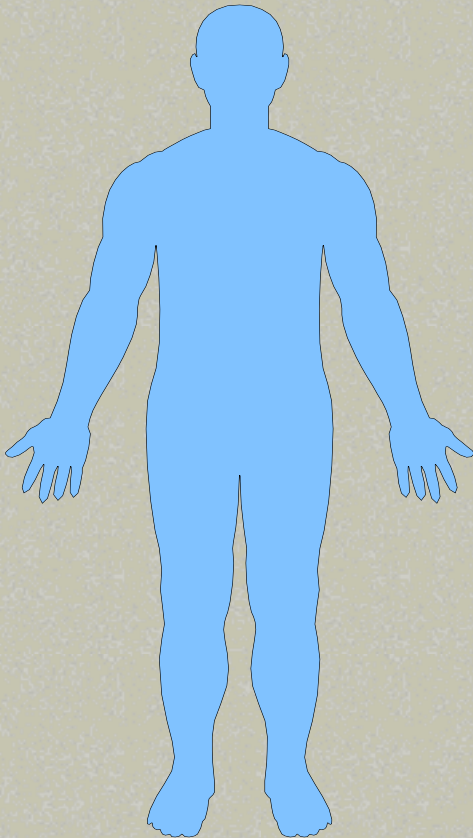
Forensic Physical Exam

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

VI: PHYSICAL EXAMINATION FORM

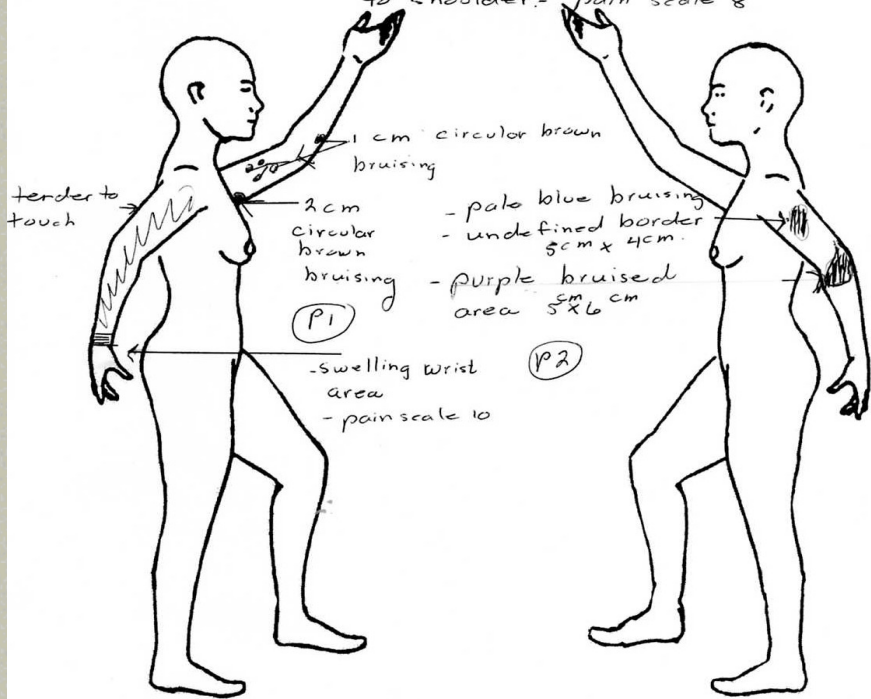
Mark all injuries relevant to the assault as well as areas of tenderness and Woods light findings on the diagram. Describe colour, appearance and size of injuries. Provide a brief history of injuries. **USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE VICTIM.**

DESCRIPTION OF INJURIES

Body - Profile Right

Body - Profile Left

- pt states left arm ^{and right arm}
tender to touch from elbow
to shoulder. - pain scale 8



- Type of injury
- Location
- Size
- Colour
- Pain

Physician/Nurse Examiner's Signature	Date	Time
<i>[Signature]</i>	Sept 11 '06	1900
Distribution:	Hospital Records - White Copy	Police - Gold Copy



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

Abrasion

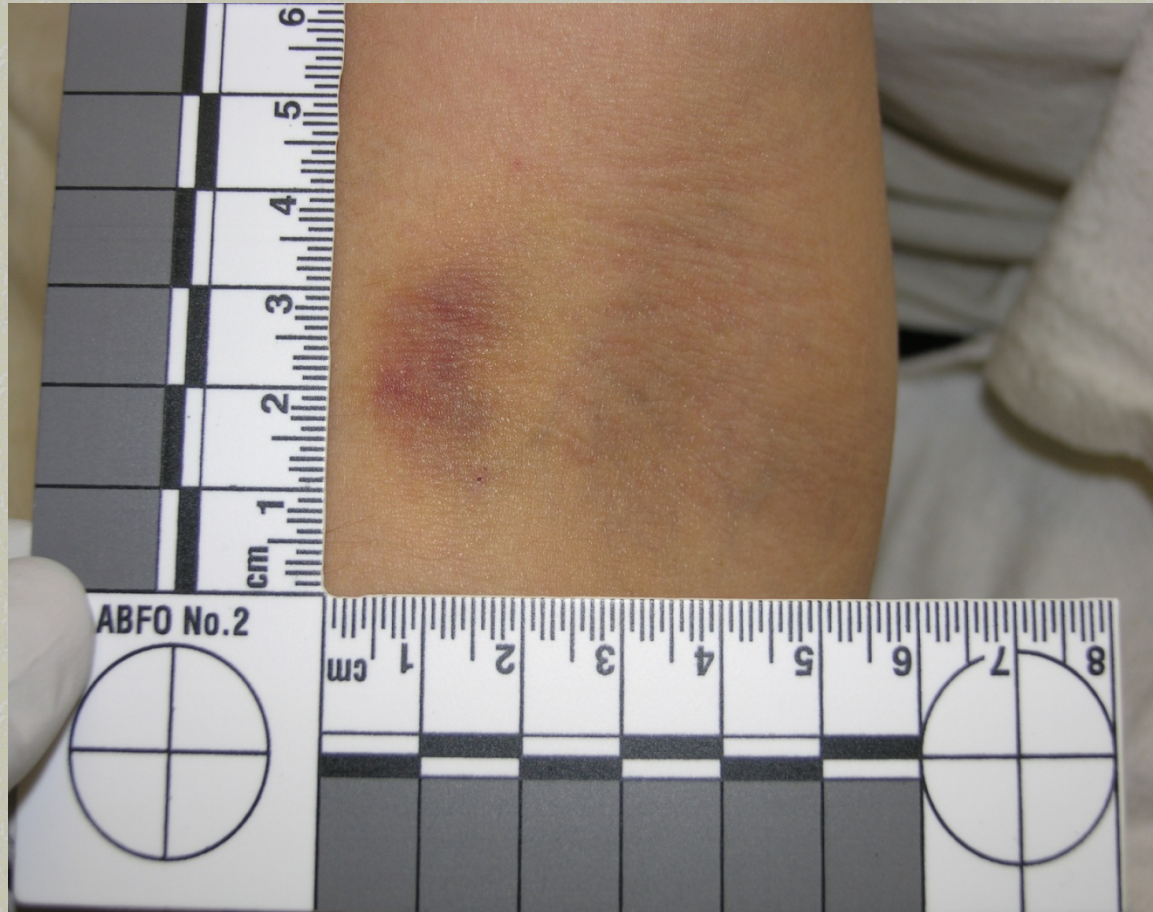




2. Bruises

- 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



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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




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4. Fractures

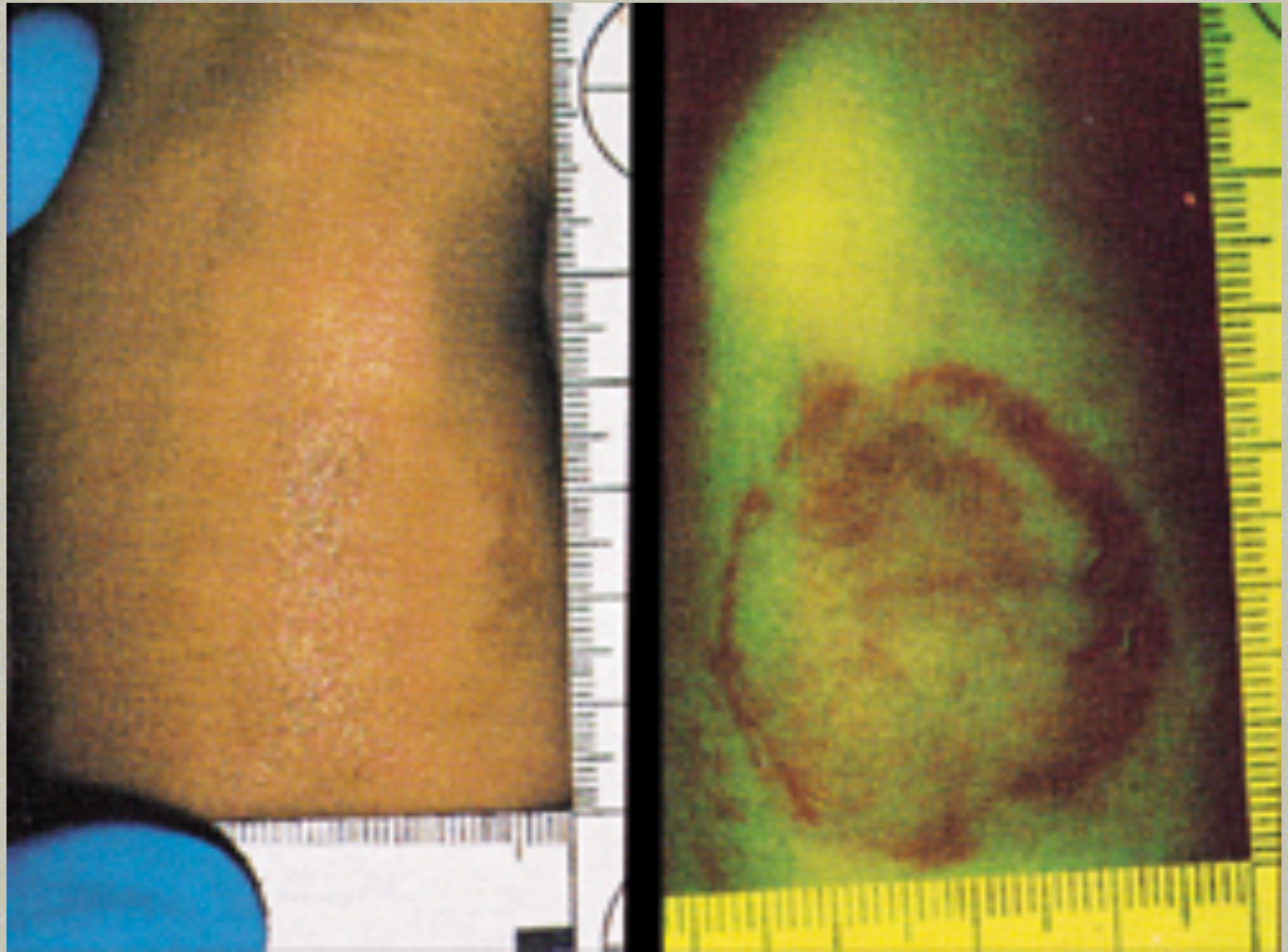
- Bones may fracture in different ways due to amount and direction of force
- Transverse, spiral, fragmented, compound, linear



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



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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

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

