



FORENSIC NURSING AND ELDER ABUSE

DETECTION AND PREVENTION

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FORENSIC NURSE EXAMINER PROGRAM

LEARNING OBJECTIVES

- Definitions of elder abuse, neglect, and exploitation
- Types of abuse
- Forensic nursing care of the older adult
- Statistics
- Red flags of elder abuse
- Case studies: Normal signs of aging verses signs of abuse
- Mandated reporting roles and responsibilities in Virginia
- Community resources

FORENSIC NURSING CARE OF THE OLDER ADULT WHO HAS EXPERIENCED ABUSE

Forensic Nursing

“... is the practice of nursing globally when health and legal systems intersect.”

(IAFN, 2008)

DEFINITIONS

- 60 YEARS OF AGE OR OLDER

Abuse

- Physical
- Verbal/Emotional
- Sexual

- Willful infliction of physical pain, injury, or mental anguish or unreasonable confinement
- **Signs of abuse**
 - Burns, bruises, cuts
 - Hitting the Adult
 - Yelling hurtful or inappropriate words or threatening the adult
 - Locking an adult in a room or tying the adult to a bed or chair
 - Genital injury or presence of sexually transmitted disease

(DARS, 2017)

DEFINITIONS

Neglect

- An adult living situation that he or she is not able to provide for themselves, or is not provided services necessary for their physical or mental health

Signs of neglect or self-neglect include

- Untreated medical conditions
- Malnourished or dehydration
- Rodent or bug infestations
- Lack of needed medication, needed medical devices such as walkers or dentures
- Soiled or inadequate clothing
- Adult diapers that have not been changed
- No Heat, running water, or electricity in the home.

(DARS, 2017)

DEFINITIONS

Financial Exploitation

- Illegal, unauthorized, improper, or fraudulent use of an adult or his funds, property, benefits, resources or other assets for another's profit, benefit, or advantage... including a caregiver or person serving in a fiduciary capacity, or that deprives the adult of his rightful use of or access to such funds, property, benefits, resources, or other assets.

(DARS, 2017)

DEFINITIONS

Exploitation continued

1. Intentional breach of a fiduciary (Trust) obligation to an adult to his detriment or failure to use financial resources of an adult in a manner that results in neglect of such adult
2. Acquisition, possession, or control of an adult's financial resources or property using undue influence, coercion, or duress (threats, violence, or constraints to make someone do something against their will or better judgment)
3. Forcing or coercing an adult to pay for goods or services to perform services against his will for another's profit, benefit, or advantage if the adult did not agree, or was tricked, misled, or defrauded into agreeing, to pay for goods or services or to perform services.

(DARS, 2017)

DEFINITIONS

Exploitation

- **Signs of exploitation**
 - Signature on checks or documents that do not match the adult's signature
 - Excessive payment for yard or home maintenance
 - Forcing an adult to perform a task or service without compensation
 - Depleted financial accounts
 - Personal belongings or valuables disappear
 - Misuse of adult's credit or debit cards
 - New credit card under the adult's name

(DARS, 2017)

VIRGINIA LEGAL CODE

- **ADULT ABUSE** is defined as “the willful infliction of physical pain, injury, or mental anguish or unreasonable confinement of an adult as defined in § 63.2-1603 (§ 63.2-100 of the Code of Virginia).
- **ADULT NEGLECT** is defined as an adult as defined in § 63.2-1603 is living under such circumstances that he is not able to provide for himself or is not being provided services necessary to maintain his physical and mental health and that the failure to receive such necessary services impairs or threatens to impair his well-being . . . no adult shall be considered neglected solely on the basis that such adult is receiving religious nonmedical treatment or religious nonmedical nursing care in lieu of medical care, provided that such treatment or care is performed in good faith and in accordance with the religious practices of the adult and there is a written or oral expression of consent by that adult (§ 63.2-100 of the Code of Virginia)."
- **ADULT EXPLOITATION** means The illegal, unauthorized, improper, or fraudulent use of an adult as defined in § 63.2-1603 or his funds, property, benefits, resources or other assets for another's profit, benefit, or advantage, including a caregiver or person serving in a fiduciary capacity, or that deprives the adult of his rightful use of or access to such funds, property, benefits, resources, or other assets . . ." (§ 63.2-100 of the Code of Virginia).

POINTS OF REFERENCE

Older Americans Act

- Nation's commitment to protecting vulnerable older Americans at risk, passed in 1965.

Family Violence Prevention & Services Act

- Ensure that older or disabled persons are protected from institutional, community, and domestic violence and sexual assault and to improve outreach efforts and other services available to older or disabled persons victimized by such violence, and for other purposes

Vulnerable Elder Rights Protection Act

- Provisions for long-term care ombudsman
- State legal assistance development

Virginia Department of Social Services

- Protect a vulnerable adult's life, health, and property without a loss of liberty

ELDER ABUSE PATIENT POPULATION

With Capacity

Can understand information, make decisions and is able to communicate those decisions, is able to give consent.

Without Capacity

Incapacitated- older person lacks capacity, they may be unable to understand risks and ability to make informed choices. Legal mechanisms: Guardianship- surrogate decision-maker/POA

(Barstow et al., 2018)

WHAT IS MEDICAL DECISION- MAKING CAPACITY?

- Informed consent is providing accurate information on the risks, benefits, and alternatives to treatment plans, free from coercion.
 1. Patients must be able to demonstrate understanding of RBA of a proposed intervention or no intervention
 2. Demonstrate a full understanding of RBA
 3. Show the ability to think about something in a logical, sensible way, in their decision making
 4. Communicate their choice

(Barstow et al., 2018)

INCAPACITED ADULT

- Risk Factors Include:

- <18 years old
- >85 years old
- Chronic Neurologic condition
- Chronic Psychiatric condition
- Low education level
- Significant cultural or language barrier

(Barstow et al., 2018)

WHO DETERMINES CAPACITY?

- Competence is a legal term determined by the court system
- Capacity is a medical term, lack of capacity refers to the inability to make decisions about proposed medical treatments or other aspect of care, there is a range of capacity may be able to make small decisions but high-risk decisions they cannot make. Psychiatrists are often consulted.
- These two terms are often confused or used interchangeably but do not mean the same thing.
- **The Treating Physician Determines Capacity**
 - There are specific questions and formal assessment tools a physician may use to determine a patient's capacity

(Barstow et al., 2018)

ELDER ABUSE PATIENT POPULATION

- Intimate partner violence (IPV)
- Sexual assault
- Domestic Violence- Family or persons living in the home
- Physical abuse
- Emotional/Verbal abuse
- Neglect and Self-Neglect
- Financial Exploitation and other exploitation

ROLE OF THE FORENSIC NURSE EXAMINER (FNE)

- Medical/Social History and Review of Systems
- Evidence Collection from Victims and Suspects
 - Photo Documentation
 - Physical Evidence Recovery Kit (PERK)
 - Trace Evidence Collection Kit (Strangulation)
- Crisis Intervention
- Injury Identification & Interpretation
- Maintain Chain of Custody
- Provide Sexually Transmitted Infection Prophylaxis (STI/HIV PEP) and Testing
- Referrals/Safety Planning
- Expert Witness Testimony
- Community Education

DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N. Copyright, 2003; update 2019; www.dangerassessment.com

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
 2. Punching, kicking; bruises, cuts, and/or continuing pain
 3. "Beating up"; severe contusions, burns, broken bones
 4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage or choking* (use a © in the date to indicate choking/strangulation/cut off your breathing- example 4©)
 5. Use of weapon; wounds from weapon
- (If any of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- ____ 1. Has the physical violence increased in severity or frequency over the past year?
- ____ 2. Does he own a gun?
- ____ 3. Have you left him after living together during the past year?
- ____ 3a. (If you have *never* lived with him, check here: __)
- ____ 4. Is he unemployed?
- ____ 5. Has he ever used a weapon against you or threatened you with a lethal weapon? (If yes, was the weapon a gun? check here: __)
- ____ 6. Does he threaten to kill you?
- ____ 7. Has he avoided being arrested for domestic violence?
- ____ 8. Do you have a child that is not his?
- ____ 9. Has he ever forced you to have sex when you did not wish to do so?
- ____ 10. Does he ever try to choke/strangle you or cut off your breathing?
- ____ 10a. (If yes, has he done it more than once, or did it make you pass out or black out or make you dizzy? check here: __)
- ____ 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
- ____ 12. Is he an alcoholic or problem drinker?
- ____ 13. Does he control most or all of your daily activities? For instance, does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: __)
- ____ 14. Is he violently and constantly jealous of you? (For instance, does he say: "If I can't have you, no one can.")
- ____ 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: __)
- ____ 16. Has he ever threatened or tried to commit suicide?
- ____ 17. Does he threaten to harm your children?
- ____ 18. Do you believe he is capable of killing you?
- ____ 19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
- ____ 20. Have you ever threatened or tried to commit suicide?

____ Total "Yes" Answers

Thank you. Please talk to your nurse, advocate, or counselor about what the Danger Assessment means in your situation.

DANGER ASSESSMENT

Assessing the danger
of homicide in a
situation of abuse
For Intimate Partner
Violence

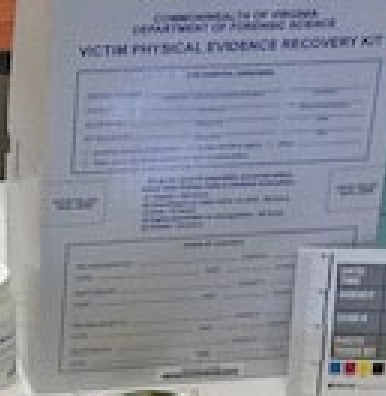
COLLECTION TIME PERIODS FOR PHYSICAL EVIDENCE RECOVERY KIT (PERK) SAMPLES BASED ON COMMONWEALTH OF VIRGINIA DEPARTMENT OF FORENSIC SCIENCE FEBRUARY 2019 GUIDELINES

Types of Assault	Maximum Collection Time
External <ul style="list-style-type: none"> • Cunnilingus (thighs/external genitalia samples only) • Saliva on skin • Strangulation (neck sample only) 	<ul style="list-style-type: none"> • Within 96 hours (4 Days) • Within 96 hours (4 Days) • Within 48 hours (2 Days)
Vaginal <ul style="list-style-type: none"> • Penile penetration (vaginal & thighs/external genitalia) • Digital penetration (vaginal & thighs/external genitalia) 	<ul style="list-style-type: none"> • Within 120 hours (5 Days) • Within 48 hours (2 Days)
Anal <ul style="list-style-type: none"> • Penile penetration (anal and perianal/buttocks) • Digital penetration (anal and perianal/buttocks) 	<ul style="list-style-type: none"> • Within 72 hours (3 Days) • Within 48 hours (2 Days)
Oral <ul style="list-style-type: none"> • Fellatio 	<ul style="list-style-type: none"> • Within 24 hours (1 Day)
Unknown	Collect respective samples within the timeframes listed above

TOOLS OF THE TRADE



6/9/2025









“Elder abuse is a violation of human rights and a significant cause of injury, lost productivity, isolation, and despair.”

“Active Aging, A Policy Framework”,

World Health Organization, 2002



STATISTICS

ELDER ABUSE IS

...



- **A large problem**—2-10% of older American population may be victims
- **A hidden problem**—Only 1 in 5 victims are identified
- **A family problem**—Perpetrators are often family members and people known to the elder
- **A serious problem**—Abused elders four times more likely to die prematurely

WHAT DO YOU THINK THE
MOST PREVALENT FORM
OF ELDER ABUSE IS?

Victims may experience different types of abuse, neglect, or exploitation. Some victims may only experience self-neglect. Others may be the victims of poly-victimization, when one or more types of maltreatment co-occur. **Table 8** identifies the types of maltreatment that were substantiated in SFY 2023. Self-Neglect is the most common type of maltreatment experienced in Virginia at **63%**. Financial exploitation and neglect, when combined, occur in **26%** of the cases.

Table 8-Statewide Substantiated Maltreatment

SFY 2023 Substantiated Types of Maltreatment	#	%
Self-Neglect	8,289	63%
Financial Exploitation	1,811	14%
Neglect	1,588	12%
Physical Abuse	621	5%
Mental Abuse	566	4%
Other Exploitation	207	2%
Sexual Abuse	53	<1%
TOTAL	13,135 ¹⁰	100%

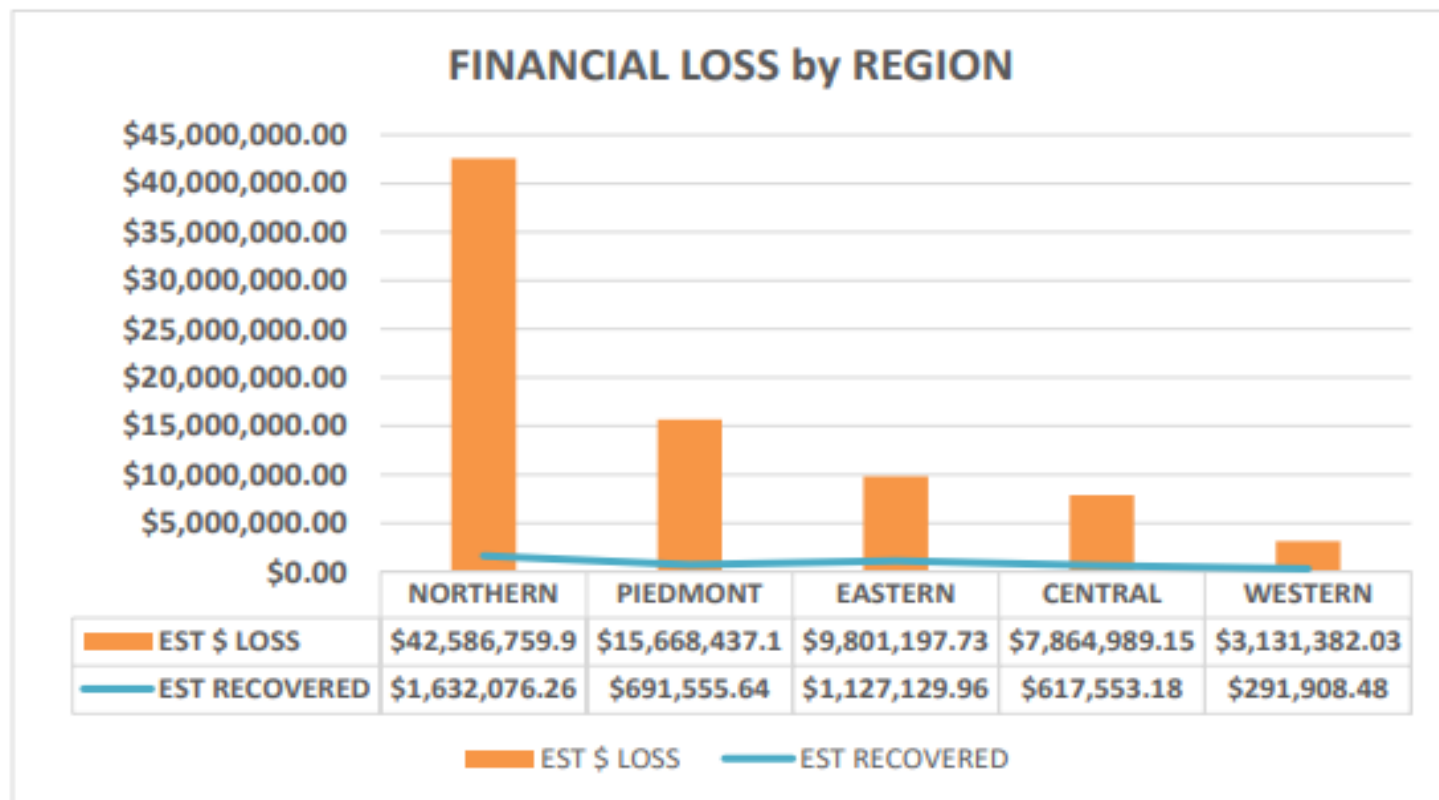
Victims may experience different types of abuse, neglect, or exploitation. Some victims may only experience self-neglect. Others may be the victims of poly-victimization, when one or more types of maltreatment co-occur. **Table 8** identifies the types of maltreatment that were substantiated in SFY 2024. Self-neglect is the most common type of maltreatment experienced in Virginia occurring in **60%** of substantiated investigations. Financial exploitation accounted for **17%** of substantiated investigations.

Table 8-Statewide Substantiated Maltreatment

SFY 2024 Substantiated Types of Maltreatment	#	%
Self-Neglect	7,978	60%
Financial Exploitation	2,345	17%
Neglect	1,666	12%
Physical Abuse	647	5%
Mental Abuse	574	4%
Other Exploitation	218	2%
Sexual Abuse	62	<1%
TOTAL	13,488 ⁹	100%

Table 12 reflects the impact of financial exploitation on victims by region. Based on APS workers' estimates, In SFY 2023, Virginians who were exploited financially lost **\$79,052,766** and approximately **6%** of these assets and resources or **\$4,360,223** was recovered. **54%** of the total financial loss to Virginians in SFY 2023 occurred in the Eastern region whereas the Western region accounted for **4%**.

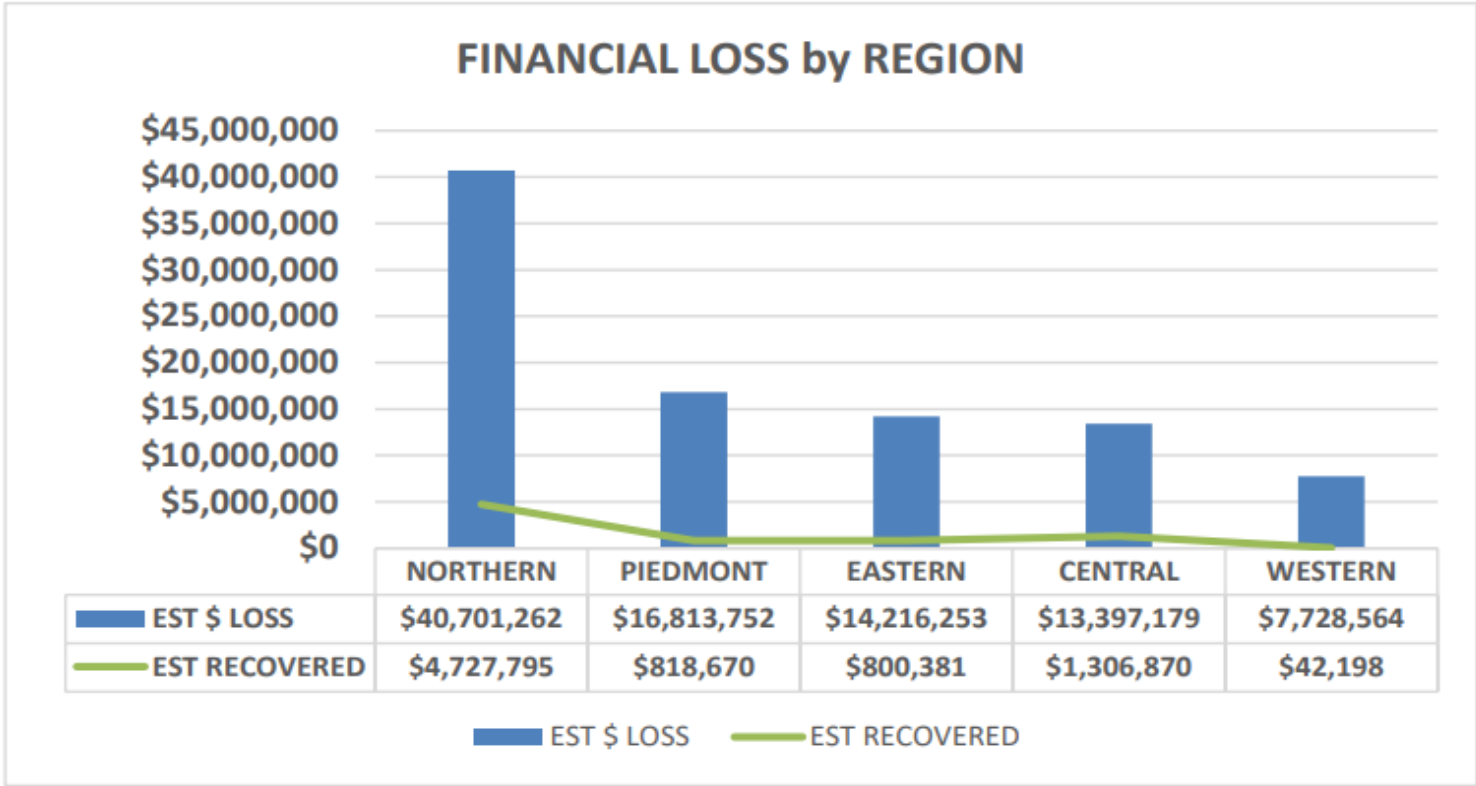
Table 12-Financial Exploitation-Regional Impact



Year 2023 Loss \$3,131,382.03 & Recovered \$291, 908.48 Western Region

Table 12 reflects the impact of financial exploitation on victims by region. Based on APS workers’ estimates during SFY 2024 exploited adults lost **\$92,857,010** and approximately **8%** of these assets and resources or **\$7,695,915** was recovered. **Forty-four percent** of the total financial loss impacted adults in the Northern Region.

Table 12-Financial Exploitation-Regional Impact



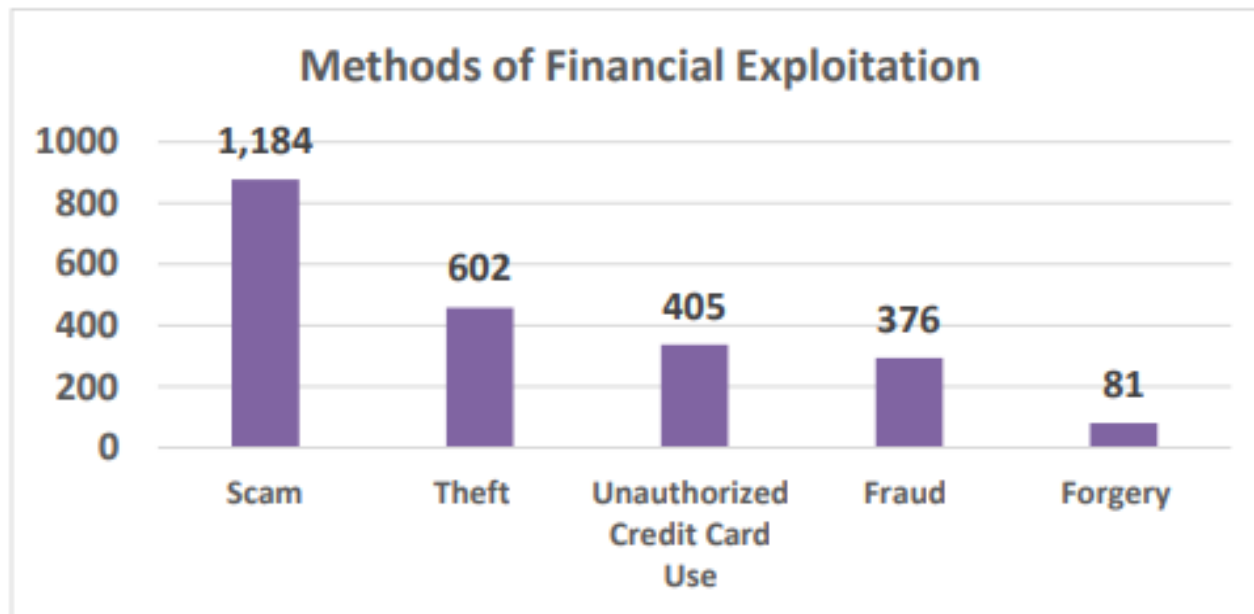
Year 2024 Loss \$7,728,564 & Recovered \$42,198 Western Region

FINANCIAL EXPLOITATION STATS

- Has Increased over the last year
 - From \$3,131,382.03 million to \$7,728,564 million
- With limited recovery of Money
 - Recovered \$291,908.48 to \$42,198
- Financial exploitation is usually combined with other forms of abuse

(Department for Aging and Rehabilitative Services, 2023 & 2024)

Table 13-Method Used to Financially Exploit



(Department for Aging and Rehabilitative Services, 2024)

STATS

- Elder Abuse is growing at an alarming rate in our society. The number of “Baby Boomers” will cause our communities to have high incidences of elder abuse.
- By the year 2010, 40 million Americans were over the age of 65.
- In 2030 more people will be over the age of 65 than under the age of 18.
- Over 75% of elder Abuse perpetrators are related to the victim by blood or marriage.
- 1 out of 14 incidents are reported to authorities.

PREVENTING AND ASSESSING ELDER ABUSE

Preventing

Preventing Elder Abuse

- identifying older adults who are at risk of abuse and implementing preventative measures
- aware of the risk factors for elder abuse
- educate patients, families, and caregivers about the signs and symptoms of elder abuse and the resources available for prevention and intervention.

Assessing

Assessing Elder Abuse

- be aware of the signs and symptoms of elder abuse, which may include unexplained injuries, bruises, or cuts, emotional withdrawal, depression, anxiety, fear, and social isolation
- be aware of the risk factors for elder abuse and be alert for signs of abuse in their patients
- document any signs or symptoms of abuse and report them to their supervisor or other appropriate authorities

Intervening

Intervening in Elder Abuse

- be familiar with their organization's policies and procedures for intervening in suspected cases of elder abuse
- work with their patients and families to develop a plan of care that addresses the patient's safety and well-being.
- collaborate with other healthcare professionals, social workers, and community agencies to ensure that the patient's needs are being met and that they are receiving the appropriate services.

Preventing

Preventing Elder Abuse through Education

- be knowledgeable about the risk factors for elder abuse and the signs and symptoms of abuse



WHO IS AT RISK?

- Vulnerable Population
 - Socially isolated
 - Lonely
 - Alzheimer's Disease or other neuro-cognitive impairment
- Any older person- Found in all communities
 - At home
 - Relative's home
 - Nursing Facility

WHO ARE THE COMMON PERPETRATORS?

- Informal Caregivers
- Caregivers
- Family
- Friends

PREVENTION MEASURES?

- **Educate yourself** about elder abuse
- Safety Planning- Do they feel safe? What is their medical diagnosis? Care giver burn out?
- Educating the public and Elders
- Know community resources

EDUCATION and ACTION

- Call Adult Protective Services (APS) if suspecting elder abuse

THREE YEAR REVIEW OF VIRGINIA APS REPORTS

	2021	2022	2023
Total Reports Received	39,185	40,371	43,443
Total Investigated	24,221	26,747	27,511
Total Substantiated	12,359	12,824	12,514
Unfounded	10,591	12,355	12,842
Invalid Disposition	1,269	1,567	1,630
Pending	1,874	48	525
Invalid	13,090	13,672	15,690
Percent of Reports Substantiated	51%	48%	46%

SOURCE: Virginia Department for Aging and Rehabilitation Services, Adult Protective Services Division Annual Report, 2023.

Table 6 identifies three-year trends for APS reports. Total APS reports increased **6%** from SFY 2023 to 2024. Substantiated reports increased **2.5%** during the same time.

Table 6-Three-Year Comparison of APS Reports

THREE YEAR COMPARISON OF APS REPORTS			
	2022	2023	2024
Total Reports Received	40,371	43,443	45,946
Total Investigated	26,747	27,511	29,443
Total Substantiated	12,824	12,514	12,816
Unfounded	12,355	12,842	14,234
Invalid Disposition⁵	1,567	1,630	1,595
Pending⁶	48	525	798
Invalid ⁷	13,672	15,690	15,865
<i>Percent of Reports Substantiated⁸</i>	48%	46%	44%
DISPOSITIONS OF SUBSTANTIATED REPORTS			
Needs and Accepts Services	4,200	4,072	3,678
Needs and Refuses Services	2,679	2,526	2,669
Need No Longer Exists	5,945	5,916	6,469

Source: Virginia Department for Aging and Rehabilitation Services, Adult Protective Services Division Annual Report, 2024.

2023

WESTERN REGION	
Locality	# of Reports
Bland (I)	12
Bristol (II)	167
Buchanan (II)	42
Carroll (II)	169
Dickenson (II)	88
Floyd (I)	131
Galax (I)	100
Giles (II)	99
Grayson (II)	135
Lee (II)	264
Montgomery (II)	443
Norton (I)	32
Patrick (II)	129
Pulaski (II)	320
Radford (I)	75
Russell (II)	236
Scott (II)	230
Smyth (II)	317
Tazewell (II)	587
Washington (II)	272
Wise (III)	341
Wythe (II)	162
TOTAL	4,351

Western	Region	Year	2024
Locality	# of Reports		
Bland	21	Radford	86
Bristol	199	Russell	202
Buchanan	97	Scott	243
Carroll	167	Smyth	369
Dickenson	53	Tazewell	456
Floyd	114	Washington	272
Galax	135	Wise	279
Giles	83	Wythe	174
Grayson	110		
Lee	187		
Montgomery	358		
Norton	33		
Patrick	238		
Pulaski	356	Total	4,259

A Victim May	A Perpetrator May
➤ Have <i>injuries that do not match explanation</i> of how they occurred.	➤ <i>Minimize or deny the victim's injuries or complaints.</i> ➤ Attempt to convince others that she is <i>incompetent or crazy</i> .
➤ Have repeated “ <i>accidental</i> ” injuries	➤ <i>Blame the victim for being clumsy or difficult.</i>
➤ Appear <i>isolated</i> .	➤ <i>Physically assault or threaten violence against the victim or victim's family, friends, pets, or others.</i> ➤ <i>Forbid the victim from contacting family, friends, service providers.</i> ➤ <i>Threaten or harass the victim.</i> ➤ <i>Stalk the victim.</i>
➤ Say or hint that she is <i>afraid</i> .	➤ <i>Act overly attentive toward the victim</i>
➤ Give <i>coded communications about what is</i> occurring.	➤ <i>Act loving, kind, compassionate to the victim, especially in presence of others.</i>

➤ Attempt or think about <i>suicide</i> .	➤ Attempt or think about <i>suicide</i> .
➤ Have a history of <i>alcohol or drug abuse</i> (including prescription drugs).	➤ Have a history of <i>alcohol or drug abuse</i>
➤ Be “ <i>difficult</i> ” or <i>hard to get along with</i> .	➤ <i>Speak on behalf of the victim, insist on being present during every interaction.</i>
➤ Have vague, chronic, <i>non-specific complaints</i> .	➤ Say the victim is <i>incompetent, unhealthy, or crazy</i> .
➤ Be emotionally and/or financially <i>dependent on her abuser</i> .	➤ Be emotionally and/or financially <i>dependent on the victim</i> .
➤ Miss <i>appointments</i> . ➤ Delay seeking <i>medical help</i> .	➤ <i>Cancel the victim’s appointments or refuse her the use of a car or other transportation.</i> ➤ <i>Cover up the abuse by taking victim to different doctors, hospitals, or pharmacies.</i> ➤ <i>Refuse to purchase needed prescription drugs, medical supplies, and/or assistive devices.</i>

➤ **Show signs of depression, stress, or trauma.**

➤ **Turn family members against the victim.**

➤ **Talk about her as if she is not there or not a person (dehumanize victim).**

Excerpted and adapted with permission from Elder Abuse: A Multidisciplinary Approach (in press), by Bonnie Brandl, Carmel Dyer, Candice Heisler, Joanne Otto, Lori Stiegel, and Randy Thomas



WHY DO WOMEN STAY? WHY DO WOMEN RETURN?

- Fear that disclosure will lead to something far worse—mental or physical anguish, deprivation, or even death.
- Fear of the unknown or of going it alone.
- Economic dependence – Who will take care of her? Where will she live?

What will she do if she has no health insurance?

- Fear of institutionalization –If she is frail, ill, or disabled, will she be forced to move to a nursing home?
- Values/culture – Separation, divorce, and legal orders of protection are not an option.
- Shame and guilt – Victims often blame themselves for any crime perpetrated against them. She may feel she is responsible.
- Denial and minimization – She may feel she needs to protect her abuser by refusing to press charges or by changing her story of what really happened.
- Lack of information about alternatives.



VICTIMS OF ELDER ABUSE FACE UNIQUE CHALLENGES:

- Social isolation and mental impairment (such as dementia or Alzheimer's disease) are two factors that may make an older person more vulnerable to abuse.
- Victims may be totally or partially dependent on the abuser for daily care needs, including meals, mobility, and access to funds and medication. And in some cases, the abuser is dependent on the victim for shelter, money, and food.
- Living with someone who has a mental health issue such as an addiction to drugs or alcohol or who is mentally ill may increase the chances for abuse to occur.
- Elder abuse victims may experience shame, fear, embarrassment, anxiety, confusion, withdrawal, and depression.

INVISIBLE? DO YOU SEE THEM??

- Elder victims of domestic violence are commonly referred to as the *invisible population*. They are among the most socially isolated, physically vulnerable, and psychologically conditioned to passivity of all victims of domestic violence.
- Most elder victims hold tenaciously to the belief that family problems are a private matter. They fear that exposure of the abuse will result in unbearable consequences: they will be forced into a nursing home; their daughter, son, or husband will be arrested and jailed.

HELP? WHAT DO THEY WANT?

- Elder victims are the least likely of all domestic violence victims to seek out or accept services.
- Most elder victims simply want the abuse to end, their families to remain intact, and to feel safe at home for their remaining years.



NON TRAUMA COMPLAINTS

- Vague/ Somatic complaints
- Depression
- Suicide attempts
- Substance Abuse
- Gynecological/Genitourinary complaints

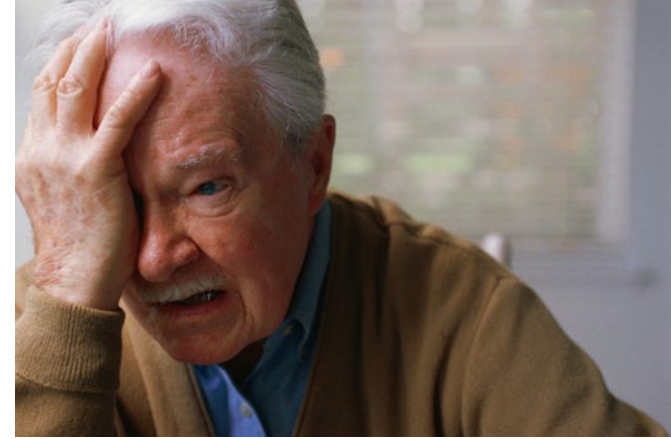


AGEING

Brain impairments common in old age, like those brought on by stroke, alcoholism, or Alzheimer's disease, can also herald aggressive behavior in otherwise placid marriages. A percentage of Alzheimer's patients turn suspicious, irritable, or even physically violent toward their loved ones. In one study nearly 60 percent of people caring for a spouse with dementia report the patient has turned to some form of aggressive behavior.



MEN



- Although it occurs less often, men also fall prey to domestic violence. But while an estimated 15 percent of all the victims of intimate-partner violence are men, the number of reported woman-on-man incidents is negligible. The reason may be that no matter how bad the abuse, men in their prime are typically able to withstand the assaults of women. A more likely explanation is that men simply are unwilling to report that they've been assaulted by a woman.
- But as they grow older, men can become vulnerable. Sometimes, but not frequently, their abused spouses might simply be turning the tables. An unscientific sampling suggests that another likely scenario involves same-sex or late-life relationships turned abusive.

MISTAKES WE MAKE

- Not acknowledging fears of using the criminal justice system felt by people who have been historically discriminated against by that system (people of color, people with disabilities, and the gay and lesbian community).
- Not acknowledging that domestic violence, including sexual abuse, happens to people with disabilities and elderly people.
- Communicating with the personal assistant or person accompanying an elderly person or a person with a disability instead of communicating directly with the person (particularly when the person's disability affects their communication skills).





Red Flags of Elder Abuse



RISK FACTORS FOR PERPETRATION

Individual Risk Factors

- Current diagnosis of mental illness
- Current or past abuse of drugs or alcohol
- Current physical health problem
- Past experience of disruptive behavior
- Past experience of traumatic events
- High levels of stress
- Poor or inadequate preparation or training for caregiving responsibilities
- Inadequate coping skills
- Exposure to or witnessing abuse as a child
- Social isolation

Relationship Risk Factors

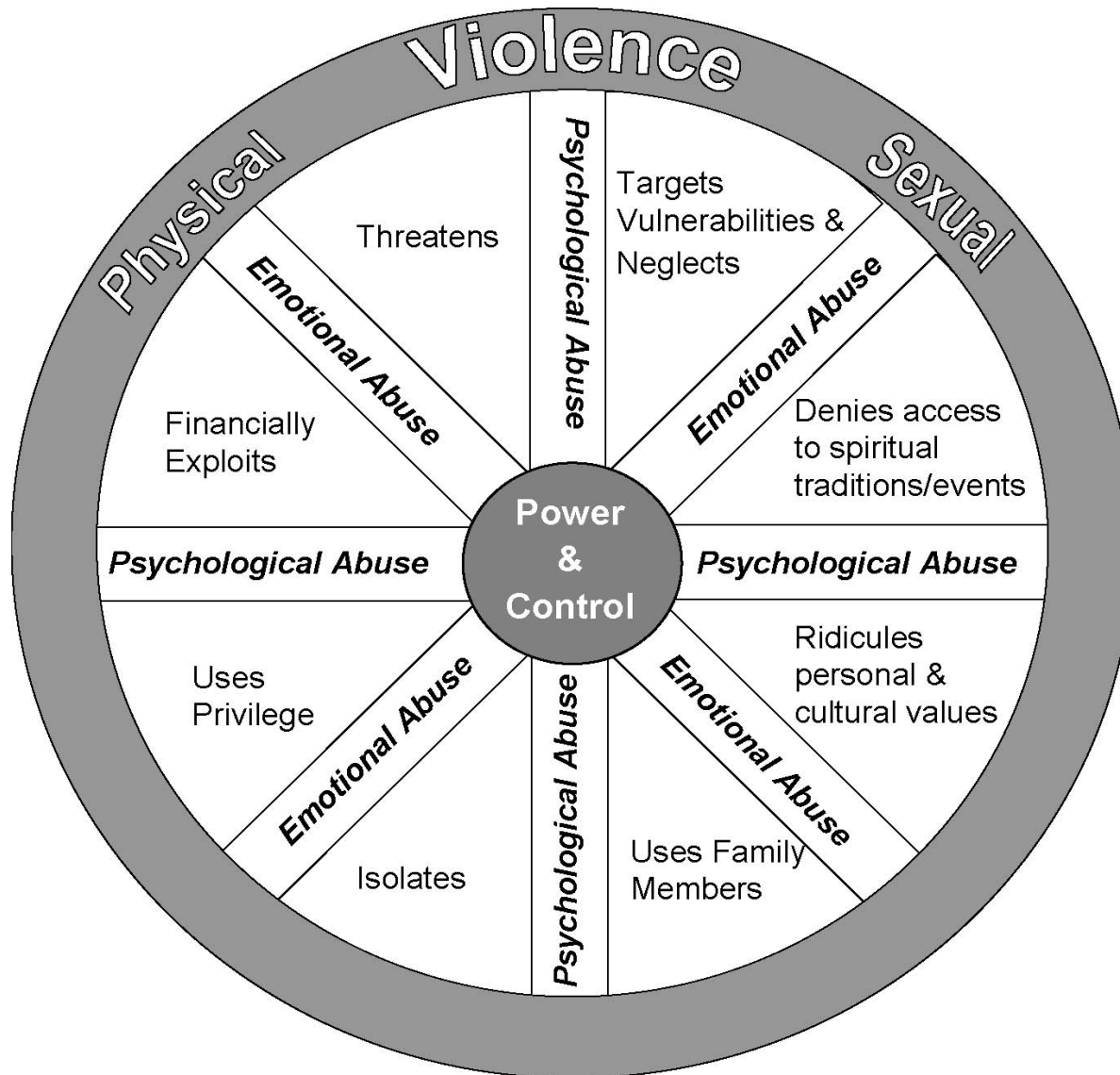
- High financial and emotional dependence upon a vulnerable elder
- Past family conflict
- Inability to establish or maintain positive prosocial relationships
- Lack of social support

Societal Risk Factors

- Staffing problems and lack of qualified staff
- Staff burnout and stressful working conditions



ABUSE IN LATER LIFE



WHAT PREVENTS PERSONS FROM HELPING ?

- Private family matter
- "It can't be that serious."
- Disbelief that abuse could be occurring
- Uncertainty of how to help
- "Excuse the behavior"
- Ageism—Unfavorable attitude towards older people
- Lack of knowledge of signs of abuse
- Lack of knowledge of reporting procedures
- Lack of community resources for older persons
- Family /cultural values
- Lack of unified elder justice network
- Reluctance or fear of confronting the offender
- Fear of jeopardizing relationship with elder or elder's family
- Mistreated person requests it not be reported / self determination

SCREENING FOR ABUSE IN LATER LIFE

- Always **screen privately**
- Develop **trust** with care recipient
- **Listen for inconsistencies** in history
- Look for **injuries** with **inconsistent** or **implausible explanations**
- Listen and watch for examples of **Power and Control** in the relationship . .



SUSPECTED ABUSE TOOL

Purpose: The Suspected Abuse Tool is designed to help recognize common signs or symptoms of abuse.

Instructions: The victim or a reliable party report, or you directly observe the following acts of domestic violence, abuse, neglect, or exploitation (this list is not exhaustive but contains some examples). A single check indicates suspected abuse and requires an appropriate referral for further investigation.

Please check any signs reported to you or that you directly observe for this client	(check)
Signs of Physical Abuse	
• Bruises, welts, cuts, or wounds, cigarette or rope burn marks or blood on person/clothes.	
• Internal injuries, including broken or fractured bones, sprains, or muscle injuries.	
• Painful body movements, such as limping, trouble sitting/standing (not illness related).	
• Coded or vague or indirect references to sexual assault or unwanted sexual advances.	
• Other signs of physical abuse (specify):	
Signs of Psychological Abuse	
• Sense of resignation and hopelessness with vague references to mistreatment.	
• Behavior that is passive, helpless, withdrawn	
• Anxious, trembling, clinging, fearful, scared of someone/something.	
• Self-blame for current situation or partner/caregiver behavior.	
• Other signs of psychological abuse (specify):	
Signs of Neglect by Others or Self	
• Unclean physical appearance.	
• Inadequate food or meal preparation supplies in household.	
• Underweight, physically frail or weak, or dehydrated.	
• Under or overuse of, or confusion about, prescription or over-the-counter medications.	
• Inadequate utilities, including lack of heat, water, electricity, and toilet facilities.	
• Unsafe or unclean environment, including insect infestation or unmaintained animals.	
• Neglected household finances, including unpaid bills or rent.	
• Other signs of neglect (specify):	
Signs of Exploitation	
• Overpayment for goods or services	
• Unexplained changes in power of attorney, wills, or other legal documents.	
• Missing personal belongings.	
• Other signs of exploitation (specify):	

Bass, D. M., Anetzberger, G. J., Ejaz, F. K., Nagpaul, K. (2001). Screening tools and referral protocol for stopping abuse against older Ohioans: A guide for service providers. *Journal of Elder Abuse and Neglect*, 13(2), 23-38.

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WARNING ! ! ! ! !

GRAPHIC
MATERIAL
AHEAD

WHAT IS IT?

ELDER ABUSE

OR

NORMAL SIGNS OF AGING

WHAT IS IT?

Elder Abuse

or

Normal Sign of
Ageing





KNEE

Top of Left Leg



ELDERLY ARM



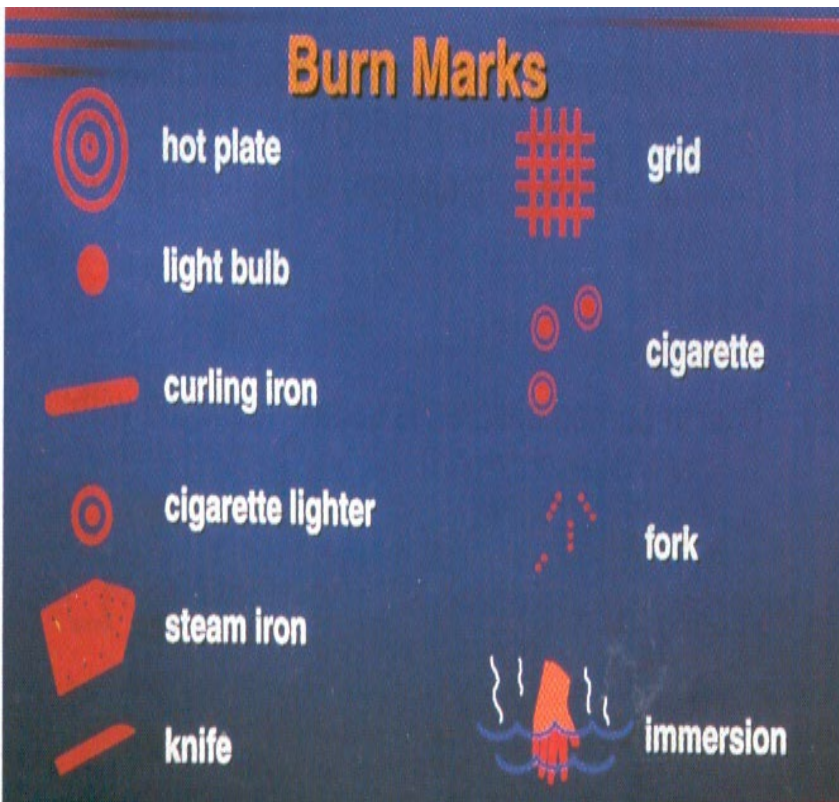
6/9/2025

NORMAL SIGN OF AGEING

- These are all Normal signs of ageing
- "Actinic purpura, also known as senile purpura or solar purpura. This condition is characterized by easily bruised skin due to weakened blood vessels caused by sun damage and aging."
- Skin tears are from thinning skin as we age

(Healthline, 2023)

PATTERNED INJURIES IN ADULT ABUSE



- * Loop marks (caused by flexible object, such as a belt, electric cord, etc).
- * Hand impact, grab marks (finger and thumb marks).
- * Belt buckles.
- * Rope burns, bruises or scars around arms, ankles, neck, waist
 - * May indicate victim was tied up.

ELDERLY AND STRANGULATION

- Variation in anatomy can cause increased complications especially with swallowing and choking hazard
 - Increased time to swallow with older adults in general
- Longer more dilated throat
- Narrower entrance into lower throat esophagus
- Muscles shrink and tissue may stiffen (larynx)
- TBI- higher risk for brain bleed
 - Slower recovery and higher level-of-care needs
 - Cognitive decline- also attributed to an ageing adult

(Johnson, et al., 2015)



Loss of consciousness can occur within 5 - 10 seconds. Death within minutes.¹



are strangled manually (with hands).¹



report losing consciousness.²



are strangled along with sexual assault/abuse.³
9% are also pregnant.²



of strangled women believed they were going to die.⁴

And odds for homicide increase 750%

for victims who have been previously strangled, compared to victims who have never been strangled.⁵

HOWEVER...

Oftentimes,
even in fatal cases,
there are
NO EXTERNAL SIGNS
of injury.¹



Only half of victims have visible injuries



Of these, only 15% could be photographed

CASE STUDIES

Power of Attorney (POA) of an older adult (Mrs. Smith), POA is a family member who is coercing Mrs. Smith to sign blank checks and/or make bank withdrawals. The POA just bought a home, Mrs. Smith is afraid to talk about this because the POA is telling her she is crazy, and she may be put in a nursing home if she tells anyone.



What may Mrs. Smith be experiencing?

- Physical abuse
- Financial exploitation
- Verbal/Emotional abuse
- Sexual abuse

VERBAL/EMOTIONAL ABUSE AND EXPLOITATION

Gas lighting, name calling and making threats



Possibly taking or coercing Mrs. Smith in giving money, then buying a new home.



Call local APS or hotline and make a report



How Can You Help ?

TOWARDS PREVENTION

- *Education and Awareness*
 - Virginia Helping Elders Access Resources (VA HEAR) Program by VA Commonwealth University (VCU)- **Anyone can teach it!**
- *Financial Abuse Monitoring*
- *Community-Based Network*
- *Resources and Supports*

Source: Nova Scotia Abuse Strategy: Towards Awareness and Prevention

[Virginia HEAR: Helping Elders Access Resources – VCU College of Health Professions](#)

Considerations For Reporting Abuse



- *Encouraged to report to ensure clients' safety and well- being*
- *Types of abuse that must be reported*
- *To whom reports should be made*
- *Penalties for failure to report*
 - Penalty for Failure to Report- Department of Aging & Rehabilitative Services Commissioner may issue:
 - \$ ≤ 500 civil penalty first failure to report
 - Subsequent \$100-1,000
- *What will happen when staff report*
- *Provisions for confidentiality*
- *How reporting will benefit their clients / patients*
- *Clients' rights to self-determination*

MANDATED REPORTERS

Section 54.1-2503 of
the Code of VA

- Exception of
veterinarians

- Licensed, certified, or regulated by
Department of Health Professions
(DHP)
 - MD, OD
 - RN
 - Social workers
 - Behavior analysts
 - Respiratory, occupational and
physical therapists
 - Dentists
 - Pharmacists
 - Nursing home and assisted living
facility administrators



OTHER MANDATED REPORTERS

- Mental Health Services Providers
- Emergency Medical Services Personnel
- Guardian or Conservator of an Adult
- Employees of Agencies or Facilities Working with Adults
- Persons Providing Care to Adults for Compensation
- Law Enforcement Officers
- Employers of Mandated Reporters
 - Must inform their staff upon hire of requirement to report

WHO DO YOU CALL ?

- The adult protective services unit of the local department of social services where the adult resides or in the locality in which the abuse, neglect, or exploitation occurred; **may obtain contact information at dss.virginia.gov**
- 24-hour Virginia Department of Social Services Adult Abuse Hotline at:
1-888-832-3858
- Forensic Nurse Examiner Program
 - Carilion Giles and Tazewell Community Hospital's
 - April Richard FNE Mobile: 540-581-4864
Email: alrichardson@carilionclinic.org



MAKING A REPORT

- Write down key facts
- May remain anonymous or give basic demographic information about yourself in case DSS needs to speak with you on a separate occasion
- Intake Process:
 - Name or description of the adult
 - Age or DOB
 - Physical or mental health condition or description of incapacity
 - Address or description of their location
 - Information on suspected abuse , neglect or exploitation

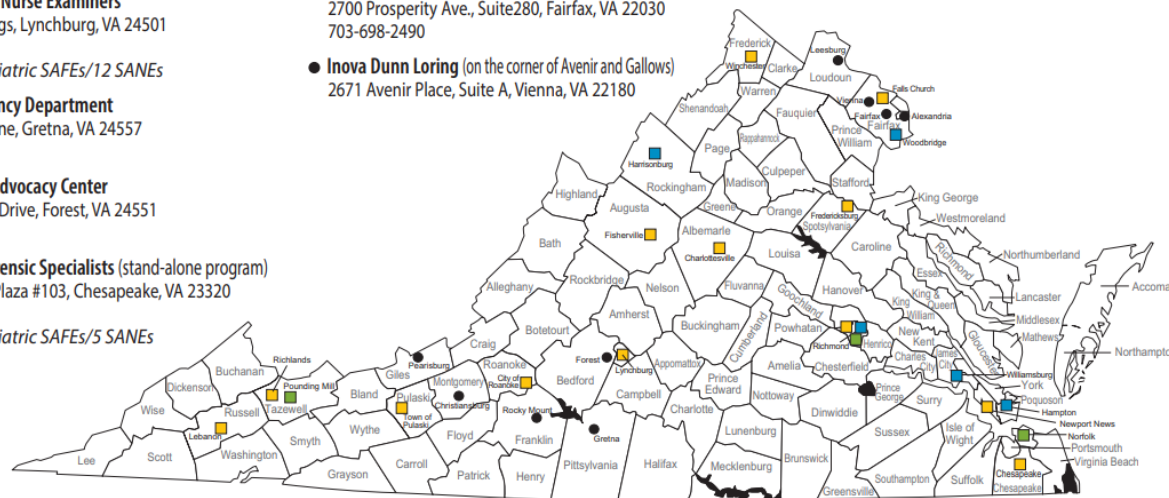
Virginia Sexual Assault Forensic Examiner Programs

- ***Augusta Health Forensic Nurse Team**
78 Medical Drive, Fishersville, VA 22939
540-332-4492
Adult and Pediatric SAFEs/4 SANEs
- ***Bon Secours Forensic Nursing Services**
5801 Breemo Road, Richmond, VA 23226
804-281-8574
Adult and Pediatric SAFEs/15 SANEs
*On-site staff 24-hrs/365 days a year
- ***Carilion Clinic Forensic Nurse Examiner Program**
1906 Belleview Avenue, Roanoke, VA 24014
540-266-6025
Adult and Pediatric SAFEs/11 SANEs
- **Carilion New River Valley Medical Center (CNRVMC)**
2900 Lamb Circle, Christiansburg, VA 24073
540-731-7287
- **Carilion Giles Community Hospital**
159 Hartley Way, Pearisburg, VA 24134
(Forensic Nurses from CNRVMC cover Giles)
- **Carilion Franklin Memorial Hospital**
390 South Main Street, Rocky Mount, VA 24151
540-489-6367
- ***Centra Forensic Nurse Examiners**
1901 Tate Springs, Lynchburg, VA 24501
434-200-3955
Adult and Pediatric SAFEs/12 SANEs
- **Gretna Emergency Department**
291 McBride Lane, Gretna, VA 24557
434-200-2989
- **Bedford Child Advocacy Center**
1085 Vista Park Drive, Forest, VA 24551
434-616-2718
- ***Chesapeake Forensic Specialists (stand-alone program)**
1101 Madison Plaza #103, Chesapeake, VA 23320
757-398-5105
Adult and Pediatric SAFEs/5 SANEs

- ***Child Protection Center, Children's Hospital of Richmond at Virginia Commonwealth University Health System**
1000 East Broad Street, Richmond, VA 23219; and
1213 E. Clay Street, Richmond, VA 23219
804-828-7400
Pediatric SAFEs/3 Forensic Examiners
- ***Children's Hospital of the King's Daughters Child Advocacy Center**
601 Children's Lane, Norfolk, VA 23507
757-668-6100
Pediatric SAFEs/7 Forensic Examiners
- ***Clinch Valley Medical Center**
6801 Governor George C. Peery Highway,
Richlands, VA 24641
276-596-6153
Adult and Pediatric SAFEs/1 SANE
- ***Inova Ewing Forensic Assessment and Consultation Team**
3300 Gallows Road, Falls Church, VA 22042
703-776-3821
Adult and Pediatric SAFEs/13 SANEs
- **Safety Net Clinics**
2700 Prosperity Ave., Suite 280, Fairfax, VA 22030
703-698-2490
- **Inova Dunn Loring (on the corner of Avenir and Gallows)**
2671 Avenir Place, Suite A, Vienna, VA 22180

- **Inova Cornwall Campus (3rd Floor near LAMPS)**
224A Cornwall Street, NW, Suite 3.024, Leesburg, VA 20176
- **Inova Alexandria (entrance inside building, back to the right)**
4700 King Street NW, Suite 125, Alexandria, VA 22302
- **MWHC Forensic Services**
Mary Washington Hospital
1001 Sam Perry Boulevard, Fredericksburg, VA 22401
540-741-1285
Adult and Pediatric SAFEs/7 SANEs
- ***Medical Consulting Services (stand-alone program)**
25 4th Street NW, Pulaski, VA 24301
540-577-3467
Adult and Pediatric SAFEs/3 SANEs
- ***Riverside Health System**
500 J. Clyde Morris Boulevard,
Newport News, VA 23601
757-594-3983
Adult and Pediatric SAFEs/10 SANEs
- ***Russell County Hospital**
58 Carroll Street, Lebanon, VA 24266
276-883-8101
Adult and Pediatric SAFEs/2 SANEs

- ***Sentara Northern Virginia Medical Center**
2300 Opitz Boulevard, Woodbridge, VA 22191
703-523-1504
Adult SAFEs/3 SANEs
- **Sentara Peninsula SANE Program**
Sentara Careplex Hospital
3000 Coliseum Drive, Hampton, VA 23666; and
Sentara Williamsburg Regional Medical Center
100 Sentara Circle, Williamsburg, VA 23188
757-984-7155
Adult SAFEs/3 SANEs
- **Sentara Rockingham Medical Hospital SANE Program**
2010 Health Campus Drive, Harrisonburg, VA 22801
540-214-8855
Adult SAFEs/4 SANEs
- **Ultra Health Pediatric Forensic Nursing Department**
13401 Gov George C. Peery Highway,
Pounding Mill, VA 24637
276-385-1183
Pediatric SAFEs/1 SANE
- ***UVA Forensic Team**
University of Virginia Medical Center
1215 Lee Street, Charlottesville, VA 22903
434-924-3627 (page #1542)
Adult and Pediatric SAFEs/5 SANEs
- **Virginia Commonwealth University Health System**
Adult Forensic Examiner Team
57 N. 11th Street, Richmond, VA 23298
804-628-0623
Adult SAFEs/4 SANEs
- ***Winchester Medical Center Forensic Nurse Examiner Program**
1840 Amherst Street, Winchester, VA 22601
540-536-8000
Adult and Pediatric SAFEs/4 SANEs



SAFE – Sexual Assault Forensic Exam
SANE – Sexual Assault Nurse Examiner
**Service availability: 24-hrs/365 days a year*



■ **Adult and Pediatric SAFE**
 ● **Satellite locations**

■ **Adult SAFE**

■ **Pediatric SAFE**

F Y I

- The Patient is **Always** in Control
- Currently 1 FNE for adult and pediatric acute visits and follow up appointments for Giles and Tazewell
- On call 40 hours week-not always in ED
 - Current hours are Monday, Wednesday, Thursday, and Friday
 - 8:00 am-6:00 pm- Days and Hours may vary
 - ED will have monthly FNE schedule
 - CNRVMC ED currently has 6 FNEs, on call 24/7, not always in ED, will take FNE calls after hours and on weekends. FNE will triage calls accordingly, either schedule them if possible or transport them to CNRV or Giles for care
- Usually, 2-6 hours per case

CONSULTING A FORENSIC NURSE EXAMINER (FNE)

- Carilion Giles and Tazewell Community Hospitals FNE Program
 - Located at Carilion Giles (CGCH) and Tazewell Community Hospital (CTCH) Emergency Departments
 - CGCH ED phone number (540) 922-4202
 - CTCH ED phone number (276) 988-8777
 - FNE work mobile: (540)-581-4864
- Programs also available at CRMH (Roanoke), CFMH (Rocky Mount), CRCH (Lexington/Rockbridge), and CNRVMC (New River Valley)



ADDITIONAL RESOURCES

- Local Area Agency on Aging- New River Valley
 - Janet Brennend-Long-Term Care Ombudsman/Elder Abuse Prevention Specialist
 - Email: ombudsman@nrvaoo.org
 - Phone: 540-980-7720
 - Fax: 540-980-7724
 - www.nrvaoo.org
- Virginia Sexual Assault and Domestic Violence Action Alliance
- Virginia Department of Social Services / Adult Protective Services
- National Clearinghouse on Abuse in Later Life
- Wisconsin Aging & Disabilities Program
- National Center for the Prevention of Elder Abuse
- VA Navigator: Free information for older adults, caregivers, veterans, disabled
www.VirginiaNavigator.org



Q U E S T I O N S ?

**T H E R E A R E N O D U M B
Q U E S T I O N S**

REFERENCES

- Abuse & Neglect - Virginia Department of Social Services
- Barstow, C., Shahan, B. & Roberts, M. (2018). Evaluating Medical Decision-Making Capacity in Practice. *America's family physician*, 98(1), 40-46.
- Bass, D. M., Anetzberger, G. J., Ejaz, F. K., Nagpaul, K. (2001). Screening tools and referral protocol for stopping abuse against older Ohioans: A guide for service providers. *Journal of Elder Abuse and Neglect*, 13(2), 23-38. Reprinted by permission: The Haworth Press, Binghamton, New York
- Danger Assessment. (2023). Johns Hopkins School of Nursing. <https://www.dangerassessment.org/>
- DARS Virginia Department for Aging and Rehabilitative Services. (2017, April 27). Mandated Reporters: Recognizing and Reporting Adult Abuse, Neglect, and Exploitation in Virginia. Adult Protective Services division, DARS, Commonwealth of Virginia. <https://www.dars.virginia.gov/aps/AdultProtServ.htm>
- Department for Aging and Rehabilitative Services (2024). State Fiscal Year 2024: Annual Report. Adult Protective Services Division. Retrieved from [SFY_2024_Annual_Report.pdf](#)
- Department for Aging and Rehabilitative Services (2023). State Fiscal Year 2023: Annual Report. Adult Protective Services Division. Retrieved from [SFY2023_AnnualReport_022824.pdf](#)
- Healthline (2023). Actinic purpura (Senile Purpura). Retrieved from <https://www.healthline.com/health/senile-purpura>
- H.R.2119 - 117th Congress (2021-2022): Family Violence Prevention and Services Improvement Act of 2021. (2021, October 27). <https://www.congress.gov/bill/117th-congress/house-bill/2119>
- H.R.782 - 106th Congress (1999-2000): Older Americans Act Amendments of 2000. (2000, November 13). <https://www.congress.gov/bill/106th-congress/house-bill/782>
- H.R.2967 - 102nd Congress (1991-1992): Older Americans Act Amendments of 1992. (1992, September 30). <https://www.congress.gov/bill/102nd-congress/house-bill/2967>
- International Association of Forensic Nurses (IAFN). (2025). Forensic Nursing. IAFN. <https://www.forensicnurses.org/page/WhatIsFN/>

REFERENCES

- Johnson, K. N., Botros, D. B., Groban, L., & Bryan, Y. F. (2015). Anatomic and physiopathologic changes affecting the airway of the elderly patient: implications for geriatric-focused airway management. *Clinical interventions in aging*, 10, 1925–1934. <https://doi.org/10.2147/CIA.S93796>
- Nova Scotia Elder Abuse Strategy: Towards Awareness and Prevention (2005). Seniors' Secretariat: Giving Nova Scotia Seniors a Voice. Retrieved from [2005_ElderAbuseStrategy.pdf](#)
- Rogers, C. J. (2008). Elder Abuse Detection and Intervention: A Collaborative Approach By Bonnie Brandl, Carmel Bitondo Dyer, Candace J. Heisler, Joanne Marlatt Otto, Lori A. Stiegel, and Randolph W. Thomas: New York: Spring Publishing Company, 2007 307 pages, ISBN: 0-8261-3114-X. *Educational Gerontology*, 34(7), 645–646. <https://doi.org/10.1080/03601270802135034>
- Training Institute on Strangulation Prevention (2024). Elder Strangulation and Abuse Webinar. Alliance for HOPE International. Retrieved from [Elder Strangulation and Abuse](#)
- Virginia Department of Criminal Justice Services. (2023). Virginia Sexual Assault Forensic Services Program Map. Retrieved from <https://www.dcjs.virginia.gov/sites/dcjs.virginia.gov/files/publications/victims/virginia-sexual-assault-forensic-examiner-programs-map.pdf>
- Virginia Helping Elders Access Resources: VA HEAR Program (2024). Virginia HEAR Development Partnership: The Elder Justice Learning & Research Hub at the Virginia Center on Aging and Department of Gerontology, Virginia Commonwealth University (VCU). Retrieved from <https://vcoa.chp.vcu.edu/initiatives/abuse-in-later-life/portfolio/hear/#:~:text=VCU%E2%80%99s%20Virginia%20Center%20on%20Aging%2C%20developed%20the%20award,Tech%20to%20achieve%20these%20actions%20across%20the%20commonwealth.>
- [Virginia HEAR: Helping Elders Access Resources – VCU College of Health Professions](#)