

Integrating Knowledge of Elder Abuse, Neglect and Financial Exploitation into Patient Care

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Agenda

Case Discussion

About Elder Abuse

What You Can Do

King County MDT

2

Case Example

Leonard S.

66 years old

Married for 30+ years, with 3 grown children

Disabilities

- Developmentally delayed
- Physical disabilities

Employed full-time

Financially stable

- Own their home
- Have life insurance, retirement

Wife handled all finances

Department Of Licensing – IDL System



Leonard S.



Leonard S.

Wife is killed in auto accident on her way to work

Leonard is devastated

Daughter begins to help him with finances

Leonard starts going to Classics Sports Bar after work

5



6

Several Months Later

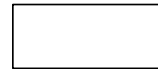
Lisa O'Neill introduces herself to Leonard

- 42 years old
- Attractive
- Long-term boyfriend
- In debt

Department Of Licensing – IDL System



Lisa O'Neill



7

That Night

O'Neill asks Leonard to come to her house

Asks him to spend the night in her basement

Within a few weeks, asks him to move into her basement

Hopeful that they will become romantically involved, Leonard agrees

8



The Following Month

O'Neill begins to ask Leonard for money

- To pay off \$23,000 truck loan
- To buy her a new computer
- To pay off other debts

Hopeful they will soon get married, Leonard agrees

Two Months After He Moves In

O'Neill tells Leonard they need to move his money to her bank, as it will "do better there"

Leonard's daughter sees them at bank, calls police

Officer speaks with Leonard, who says all is fine

Officer does not take report, says case is "civil"

Officer does not notify APS

11



12

After O'Neill Gains Control Over Leonard's Assets

Abuse by O'Neill begins

- Isolates him
- Emotionally abuses him
- Leads him to believe no one else cares about him
- Eventually becomes physically abusive

13

Several Months Later

Leonard suffers a stroke and is hospitalized

- Speech is impaired, left arm is weakened, cognition likely affected

Returns to live with O'Neill

Despite her promises, O'Neill does not follow through on follow-up doctor's visits, physical and speech therapy, medications

14

Over the Next Nine Months

- O'Neill moves Leonard's accounts to a third bank
- Cashes out his CDs totaling \$90,000
- Cashes out his life insurance policies
- Stops paying his mortgage
- Stops paying his truck loan
- Stops paying his cell phone bill

15

Over a Year After Leonard Moves In

O'Neill shoves him down the stairs, leaves him there

Leonard comes to terms with his situation

Packs his remaining possessions in garbage bags

At 5:30 the following morning, sneaks out of O'Neill's home

Walks miles to a friend's house

16

Over a Year After Leonard Moves In

Leonard reunites with children

Daughter reports case to APS and to the police

17

APS Response

APS finds Leonard is not a vulnerable adult

- Is oriented x3

- Is able to conduct basic ADLs without assistance

Closes case

18

Your Initial Thoughts

Reactions?

Should a criminal investigation be opened?

Why/why not?

19

Police Response

A criminal investigation is opened

Detective interviews Leonard, learns:

- Leonard is slow to respond
- Has impaired speech
- Is unable to recall significant details
- Is no longer able to work at long-time job
- “She did everything so fast. I didn’t have time to think.”

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20

The Criminal Investigation

Detective obtains capacity evaluation of Leonard

- Diagnosis: Vascular dementia
- 27/30 on MMSE
- Impaired executive function
- Concludes:
 - Leonard lacks financial capacity
 - Likely victim of undue influence

21

Cognitive Capacity

22

Cognitive Capacity

Clinical term and assessment of a person's mental abilities, what he/she can do

One may have capacity to do one thing, but not another

Loss of financial capacity extremely common in early stages of dementia

Loss of other capacities typically occurs as dementia progresses

Why Capacity Matters

Consent is most common defense raised in elder financial cases:

- "I was the only one who took care of her. She wanted me to have all of her money."
- "The money was a loan. I was going to pay him back."

We can't figure out if an elder truly consented unless we know whether they had capacity to consent

Capacity Screening Tests

- Short, standardized tests that give basic information as to functioning, whether need exists for full-blown evaluation
- Often conducted by PCPs when concerns about memory loss
- Can be conducted by APS, other non-mental health professionals with training
- Common screening tests:
 - SLUMS – St. Louis University Mental Status Exam

Capacity Screening Tests

- MoCA – Montreal Cognitive Assessment
- SPACED – Jason Karlawish
- Frontal Assessment Battery
- Mini-Mental Status Exam (MMSE)*
 - Screens for memory loss alone, not for impairment of executive function
 - Often misses cases of early dementia

Leonard's Note Re: Years with O' Neill

APRIL 1ST WK 08 NO TALK I LEFT JULY 11
 SPAIN WAY MOVE TALK 5:30 AM
 CAME HOME 5:36
 MR. SAW 1ST WK MAY
 CURTAIN SMALL TREE BRANCHES FAGOT OBI
 R. LEG ~~CRACK~~ KNEE BRANCHES
 1ST WK JUNE
 KICK OUT OF DEN FVJ
 JIMMY HALLS ROAD HOUSE
 YARD WORK
 FEW DAYS BEFORE + LEFT
 THREATEN TO PUSH DOWN BOTH STAIRS
 MET OG OCT OR NOV
 STROKE OF JAN 31
 FOR AIDAT WORK AT ALL

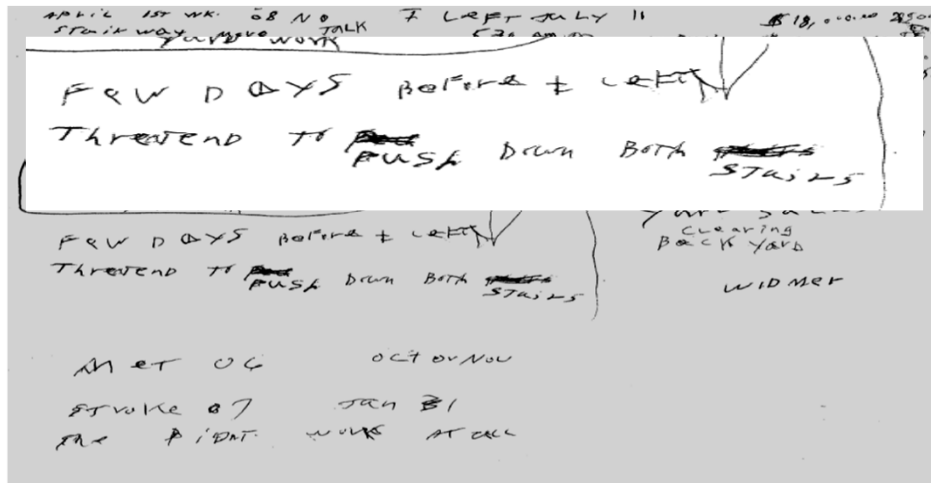
MARCH \$18,000.00 \$2500
 APRIL \$7200.00 \$800
 MAY 4000.00 \$500
 JUNE 6888.00
 TO HER ACC \$7500
 BNA AMER
 MET HAY OUT NW 1/2
 STROKE JAN 07
 NO WORK
 YARD SALES
 CLEARING
 BACK YARD
 WIDMER

Emotional Abuse

APRIL 1ST WK 08 NO TALK I LEFT JULY 11
 SPAIN WAY MOVE TALK 5:30 AM
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 MR. SAW 1ST WK MAY
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Threats



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29

1 ½ Years Later

Criminal charges are finally filed

- Theft 1 w/ Vulnerable Victim aggravator
- Assault 4

Additional Theft charges added for trial

Trial

State's case

- Leonard
- Leonard's children
- Detective
- Bank personnel
- Financial analyst

Trial

State's case

- Geriatric psychiatrist regarding cognitive assessment

Trial

Defense case

- O’Neill’s family and friends
 - Leonard wanted O’Neill to have his money
 - Leonard was an alcoholic
 - O’Neill was saving Leonard from his exploitive children
- APS worker
- Patrol officer who had deemed case “civil”

Verdict

Guilty of 14 counts of Theft 1

- Vulnerable Victim Aggravator on each count

Not guilty of misdemeanor assault

Sentence

- 62 months in prison;
- no contact with Leonard for 10 years;
- \$55,427.10 restitution

What is Elder Abuse?

35

Elder Abuse is:

- Physical, sexual, or psychological abuse, as well as neglect, abandonment, and financial exploitation of an older person
- that occurs in any setting
- in a relationship where there is an expectation of trust, and/or
- when an older person is targeted based on age or disability

Elder Justice Roadmap (July 2014)

36

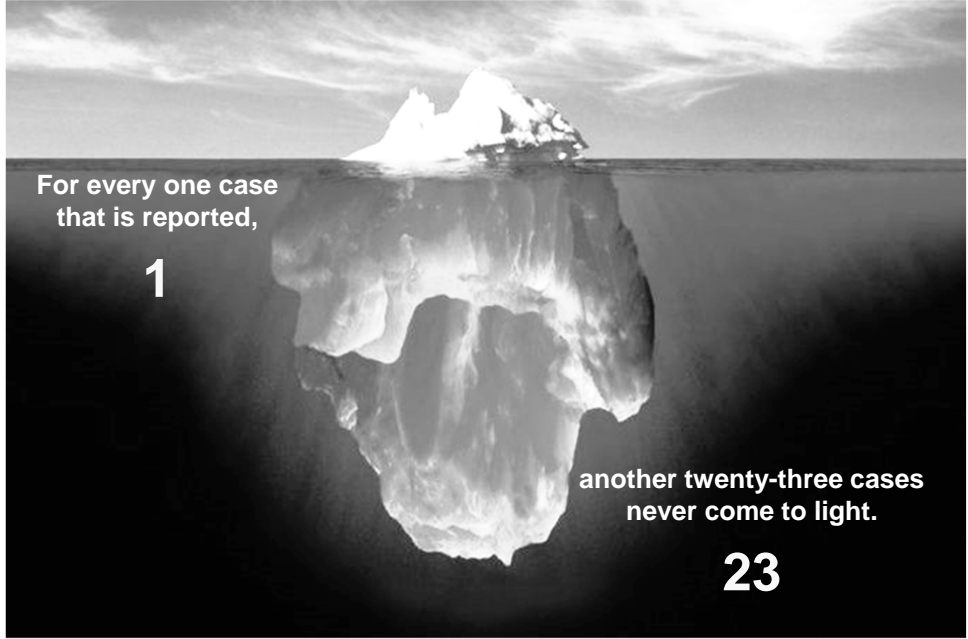
Elder Abuse Crimes in Washington

- Physical Abuse: Assault, Unlawful Imprisonment
 - Caregiver Neglect: Criminal Mistreatment, Abandonment
 - Financial Exploitation: Theft, Identity Theft
 - Sexual Abuse: Rape, Indecent Liberties
 - Psychological Abuse: Stalking, Harassment
- Many forms of elder abuse are often co-occurring

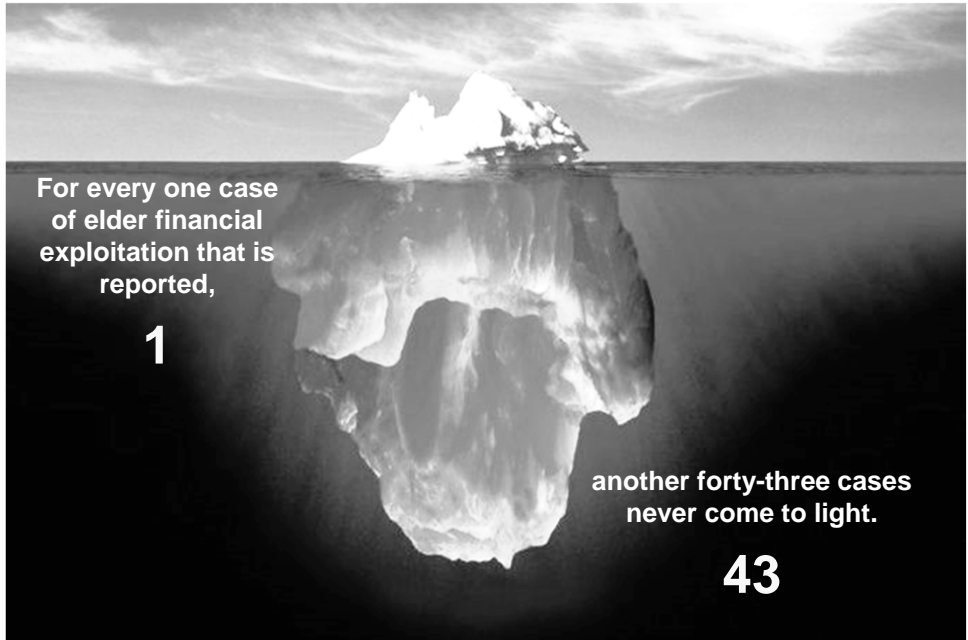
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Some Facts About Elder Abuse

38



Source: NYS Elder Abuse Prevalence Study; Weill Cornell Medical College, NYC Department for the Aging; Lifespan; (2011)



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Why Victims Often Don't Report

- Dependence on the perpetrator
- Shame
- Love for perpetrator
- Fear of retaliation
- Fear of loss of independence
- Fear that if they report, will be no hope of getting their money back
- Lack of recognition of the abuse or exploitation
- Dementia

Almost 50% of people with dementia experience some form of abuse.

Cooper, C., Selwood, A., Blanchard, M., Walker, Z., Blizard, R., & Livingston, G.

What are the concerns faced by health care providers in reporting elder abuse?

Fear of alienating patient

Fear of patient experiencing retaliation by perpetrator

Uncertainty about what happens after report is made

Disbelief that anything good will come of the report

Belief that abuser is doing the best they can

Reporting is Difficult, But Remember. . .

You may be seeing just a part of the picture. Other forms of abuse are often co-occurring.

Most cases of abuse, neglect and exploitation become more severe without intervention

Your job is not to fix the problem, but just to relay your concerns to those who can intervene and offer services

Even mild abuse, neglect, or exploitation increases premature deaths in the elderly by 300%.

Lachs MS, Williams CS, O'Brien S, Pillemer KA, Charlson ME. The mortality of elder mistreatment. JAMA. 1998;280(5):428-432.

45

Recognizing
Elder Abuse

46

Who are typical perpetrators of elder abuse?

Family Members: Adult children and other family members

Caregivers: Both professional/paid and informal

Trusted Others: Pastor, power of attorney, guardian, neighbor, investment advisor

Strangers: Often perpetrating a common scam (lottery or sweepstakes scam, home or computer repair, grandchild-in-jail, jury duty, etc.)

47

Most Common Risk Factors

Social Isolation

Dementia (often undiagnosed)

<https://ncea.acl.gov/What-We-Do/Research/Statistics-and-Data.aspx#risk>

48

Signs and Symptoms

Neglect

Signs of Possible Neglect

Dehydration

Malnutrition

Over- or under-medication

Extreme weight loss

Decayed teeth

Overgrown nails

Matted, infested hair

Repeated falls

Lack of assistive devices (e.g., hearing aids, glasses, dentures, mobility aids)

Pressure ulcers

51

What about self-neglect?

Same signs as neglect except no caregiver is involved

52

When Neglect May Be Criminal

When multiple signs of serious neglect are present

- Multiple, advanced, untreated or improperly treated pressure ulcers
- Pressure ulcers on unlikely locations
- Poor hygiene
- Malnutrition, dehydration

And

- When caregiver assumed duty of care and benefits financially from failing to provide proper care

Physical and Sexual Abuse

Elder Bruising Study

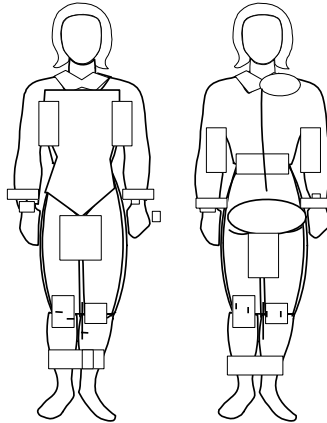
Wiglesworth A, Austin R, Corona M, Schneider D, Liao S, Gibbs L, Mosqueda L. Bruising as a marker of physical elder abuse. J Am Geriatr Soc. 2009 Jul;57(7):1191-6

- 90% of accidental bruises were on extremities
- No accidental bruises on neck, ears, genitalia, soles
- Inflicted bruises were larger (>5 cm)
- Bruises could not be staged by color

Elder Bruising Study

- People who are abused are more likely to remember the cause of the bruises
- Demented patients can often accurately report how they were bruised

Location of Bruises Caused by Abuse



57

Other Red Flags of Elder Physical Abuse

- Patterned bruising
- Burns, lacerations, other suspicious injuries
- Explanations provided by patient and/or caregiver are changing or inconsistent with injuries
- Caregiver appears to be controlling of patient
- Injuries at various stages of healing

58

Signs of Sexual Abuse

- Infections, pain, or bleeding in genital areas or mouth
- Bruises to outer arms, chest, mouth, genitals, abdomen, pelvis or inner thighs
- Bite marks
- Unexplained STDs or HIV
- Inappropriate (enmeshed) relationships between the older adult and abuser

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Financial Exploitation

60

Most Common Methods of Committing Elder Financial Exploitation

Abuse of fiduciary relationship

- Power of Attorney
- Guardianship

Undue Influence

Abuse of Power of Attorney and Guardianship

Is often misperceived as a family or civil matter

Is Theft

Undue Influence

Pattern of manipulative behaviors similar to “grooming”

Involving victims who often have some degree of dementia

Done in order to obtain victim’s “consent” to turn over assets to perpetrator

63

Red Flags of Financial Exploitation

- Has new “best friend” or love interest
- Estrangement from friends, family
- Significant change in spending patterns
- Non-payment of bills
- Change of Power of Attorney, Will
- Missed medical appointments
- Deterioration in care, self-care

64

Discussion

What were some opportunities for intervention in Leonard's case?

65

Opportunities for Intervention in Leonard's Case

Bank tellers – when money was moved

Patrol officer – when 911 was called

APS – when case was reported to them

Health Care Providers – when Leonard failed to show for follow-up appointments, failed to follow up with therapies

How Health Care Providers Can Help

Health Care Providers are in a Unique Position to Respond to Elder Abuse

- Elder abuse victims are usually isolated. You may be the only people outside of family or caregiver to see them
- Your relationship is based on trust, disclosure more likely
- You are often first professional contact following victimization
- Patients are accustomed to direct questions on sensitive topics from health care providers

--Mark Yaffe, MDCM, McGill University

What You Can Do

Consider

- The possibility that abuse, neglect or financial exploitation may be occurring
- When you see an injury, signs of neglect, or signs of financial distress, ask yourself if abuse, neglect or exploitation is a possible explanation

What You Can Do

Document

- Signs of neglect and injuries
- Signs of cognitive impairment
- Who is with patient
- Statements of patient and other person present – in quotes
- Concerns about behavior of patient or other person present
- Missed or late appointments

Your records are crucial for us to get complete and accurate picture of what is going on

What You Can Do

Assess

- If you have any concerns about cognitive impairment
- Any testing you conduct will be vitally important to a criminal case
 - MoCA and SLUMS are preferred screening tests. MMSE does not pick up impairment of executive function.
 - Refer for cognitive assessment

What You Must Do

Report

- To Law Enforcement – 911, and
- To DSHS
 - Patient is in a long-term care facility:
 - Call 1-800-562-6078
 - Patient is in a private residence:
 - Call 1-877-734-6277

Mandatory Reporting

All licensed health care providers are mandatory reporters of abuse, neglect, and financial exploitation

You don't have to be certain or right

If you don't hear back from APS, call again and ask for a supervisor: (206) 341-7660

If you get a negative response from police in King County, feel free to call the King County Elder Abuse MDT or the King County Prosecuting Attorney's Office.

HIPAA (Health Insurance Portability and Accountability Act of 2006)

Intended to protect confidentiality of health care records

Does not prevent mandated reporting of elder abuse, domestic violence, etc. to appropriate government authority

- Even if victim does not authorize

Does not prevent disclosure of records by search warrant or subpoena

Coordination of Care is Essential in Addressing Elder Abuse Cases

In all cases, early intervention and investigation is critical

- May prevent abuse and exploitation
- May stop on-going elder abuse and exploitation

If abuse and exploitation is occurring, coordination between agencies and providers is essential

75

The King County Elder Abuse Multidisciplinary Team (MDT)

Funded by King County
Veterans, Seniors & Human
Services Levy
(2019 – 2023)

76

MDTs bring professionals together from different systems to problem-solve complex cases of elder abuse



King County's
Elder Abuse
Multidisciplinary
Team (MDT)

Core
Partners

Adult Protective Services
Developmental Disabilities Administration
Aging and Disability Services
King County Prosecutor's Office
King County Sheriff's Office
Swedish Geriatric Medicine

King County's
Elder Abuse
Multidisciplinary
Team (MDT)

Meeting Schedule	Every two weeks for 2 to 3 hours, depending on the number of cases to discuss/review. <u>All participants must sign a confidentiality agreement.</u>
Team Objective	Work collaboratively to address specific cases of elder and vulnerable adult abuse, neglect, and financial exploitation in the community Build strong relationships and connections across agencies to improve systems

79

When to Refer
a Case to King
County's Elder
Abuse MDT

- Vulnerable adult is being abused, neglected, exploited or is self-neglecting
- Your concerns have been reported to APS and/or law enforcement but continue
- Situation presents issues that would benefit from multidisciplinary response

80

Elder Abuse
MDT Case
Referral Process

Call MDT Coordinator Scott Rosenwood at
206.263.3022 or

Email ElderAbuseMDT@kingcounty.gov

Provide brief case overview

Provide your contact information

Participate in MDT case discussion

81

Feel Free to
Contact Us

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82