



Suspicious Deaths

County of San Diego Elder Death Review Team

2006-2010

Acknowledgments

Our report was made possible through the support and efforts of the County of San Diego, Health and Human Services Agency, Aging & Independence Services.

We gratefully acknowledge the members of the County of San Diego Elder and Dependent Adult Death Review Team, whose hard work and commitment to the goals of the team made this report possible.

Paul Greenwood, LL. B [Hons]

Chair

Deputy District Attorney,

County of San Diego

District Attorney's Office,

Head of Elder Abuse Prosecution

Det. Tracey Barr

San Diego Police Department, Elder Abuse Unit

Lori Bays, MA, MFT, RG

Public Administrator/Public Guardian

County of San Diego, Health and Human Services Agency

Judy Borchert

Associate Chief Case Management Services

San Diego Regional Center

Lynn Calhoon

Adult Protective Services Specialist

County of San Diego, Health and Human Services Agency

Steven Campman, MD

Deputy Medical Examiner

County of San Diego Medical Examiner's Office

Thomas Collins, RN

Terrance Corrigan

Assistant Public Administrator/Public Guardian

County of San Diego Health and Human Services Agency

Richard Costantinou

Probate Court Investigator

San Diego Superior Court

Landy Spencer Daly

San Diego City Attorney's Office

Michelle Devor, MD

Home Based Primary Care, Veteran's Administration

Sgt. Tracy Dishno

San Diego Police Department, Elder Abuse

Jim Fix, PsyD

Director Psychiatric Emergency Response Team

Community Research Foundation

Lilian Flagg

County of San Diego, Health and Human Services

Dawn Gibbons-McWayne, MSW

County of San Diego, Health and Human Services

Det. Kim Houry

San Diego County Sheriff's Department, Elder Abuse Unit

Kathy Karins

San Diego Regional Center

Carol Castillon

Coordinator

Adult Protective Services Supervisor,
County of San Diego
Health and Human Services Agency,
Aging & Independence Services

Special Agent Kris Lyle

Bureau of Medi-Cal Fraud & Elder Abuse
State of California Department of Justice

Terra Marroquin

Domestic Violence Fatality Review Coordinator

Vickie Molzen

County of San Diego, Health and Human Services Agency

Nadia Najor

County of San Diego, Health and Human Services Agency

Mark Norman

San Diego Metro Services

Christine O'Connell

County of San Diego, Health and Human Services Agency

Anna Palid

County of San Diego, Health and Human Services Agency

Det. Maureen Perkins

San Diego County Sheriff's Department, Elder Abuse Unit

James Ramirez

County of San Diego, Medical Examiner's Office

Lourdes Ramirez

County of San Diego, Health and Human Services Agency

Det. Wendy Reno

San Diego Police Department, Elder Abuse Unit

Anne Rios

Center For Community Solutions

Ellen Schmeding

County of San Diego, Health and Human Services Agency

David Songco

Bureau of Medi-Cal Fraud & Elder Abuse
State of California Department of Justice

Jean Stehman

County of San Diego, Health and Human Services Agency

Det. William Thomas

San Diego County Sheriff's Department, Elder Abuse Unit

Sgt. Mark Varnau

San Diego County Sheriff's Department, Elder Abuse Unit

Katie Wilson

District Attorney's Office

Lourdes Zavala-Garcia

San Diego Superior Court

This is the second report of the San Diego County Elder Death Review Team (EDRT). The report encompasses information from the 34 suspicious deaths that were reviewed by the EDRT between January 2006 and December 2010.

The Team

The EDRT is a cross-system collaboration whose task is to review suspicious elder deaths occurring in San Diego County. The mission of the EDRT is to review suspicious deaths associated with suspected elder abuse and/or neglect, identify risk factors for such deaths, maintain statistical data concerning these deaths, and facilitate communication among agencies involved in the identification, investigation, or prosecution of elder abuse or elder deaths in order to bridge system gaps in service delivery. The EDRT seeks to decrease the number of elder deaths in San Diego County that are a result of abuse, neglect, or self-neglect and to identify the role of elder abuse and/or neglect as contributory factors in such deaths.

The members of the EDRT are individuals who are experts in their respective fields. They are committed and passionate about issues of elder abuse and together they share a common goal of decreasing the number of elder deaths that are a result of abuse, neglect and self-neglect. Currently, the EDRT consists of 38 members.

Accomplishments

The EDRT has accomplished numerous goals since its inception. Some of the more considerable accomplishments address the on-going education of elder abuse issues to those professionals in the public and private sectors. The EDRT fosters team building and an ongoing exchange of knowledge and information.

To ensure continual collaboration, the EDRT holds a minimum of one joint meeting per year with the Domestic Violence Fatality Review Team. These reviews have proven to be beneficial. As a result, the County of San Diego's Adult Protective Services (APS) was selected to participate in the San Diego County Domestic Violence High Risk Team (HRT). This team's mission is to collaboratively respond to the needs of individuals and their dependents experiencing intimate partner violence at high level of risk for lethality. Through close collaboration, the team is able to enhance the criminal justice system response and social services/resources received.

Through the EDRT, the County of San Diego's APS, Aging & Independence Services (AIS) Call Center and the Medical Examiner's Office partnered to form the Medical Examiner Review Team (MERT). This collaboration commenced in 2005 and has evolved into a daily practice where APS and the AIS Call Center share relevant case information with the Medical Examiner's Office. The MERT team is one of the first of its kind in California.

Recommendations

The EDRT has been on the front line in addressing issues of elder abuse and preventing elder deaths in San Diego County. Over the course of four years, the EDRT has identified several recommendations surrounding education and increased awareness of elder abuse issues. Members of the EDRT continue to collaborate with each other to reduce the incidences of elder abuse in San Diego County.

History

In February 2001, Senate Bill 333, Chapter 301 authorized all counties in the state of California to establish elder death review teams. The legislation states that elder death review teams can consist of experts in the following fields:

- Medical personnel with expertise in elder abuse and neglect
- Coroners and medical examiners
- District attorneys and city attorneys
- County or local staff
- Adult protective services staff
- Public administrator, guardian, and conservator staff
- County health department staff who deal with elder health issues
- County counsel
- County and state law enforcement personnel
- Local long-term care ombudsman.
- Community care licensing staff and investigators
- Geriatric mental health experts
- Criminologists
- Representatives of local agencies that are involved with oversight of Adult Protective Services and reporting elder abuse or neglect

The County of San Diego's EDRT was established in March 2003. It is one of 23 Elder Death Review Teams in the state of California. Elder death review teams ensure that incidents of abuse and neglect involving victims who are 65 years and older are evaluated through an interagency review of the suspicious death. During the course of the review, the involvement of each agency is examined. This process offers opportunities to exchange information which may reveal gaps in service delivery and accessibility. In turn, this aids in the development of recommendations for abuse prevention and intervention.

Prevalence of Elder Abuse

The older population (persons 65 or older) was estimated to be at 39.6 million in 2009. According to the Center of Excellence on Elder Abuse and Neglect, there are two million cases of abuse in the United States. Furthermore, for every case reported, five cases are not. Persons who are victims of elder abuse are three times more likely to die. Persons who suffer from a form of dementia are 50% more likely to also be exposed to abusive behaviors. It is estimated that five of the 58 counties account for over half of all elder abuse cases in California. Among those five counties, San Diego County ranks as number three.

Elder abuse has been historically seen as a social problem and not a problem for the criminal justice system. This problem is compounded by the fact that the medical and criminal justice communities lack comprehensive guidelines for identifying elder abuse and mistreatment. Elder abuse is one of the fastest growing crimes in the United States. Due to the complexity of these cases, it is necessary to establish multidisciplinary teams as no single agency or discipline has the resources and expertise needed to thoroughly examine these cases.

The Mission statement, goals and objectives of the EDRT are formalized in the Memorandum of Agreement between the County of San Diego District Attorney, Sheriff's Department, Medical Examiner, and the Health and Human Services Agency, Aging & Independence Services.

Mission Statement

It is the mission of the EDRT to review suspicious deaths associated with suspected elder abuse and/or neglect.

Identify risk factors for such deaths.

Maintain statistical data concerning such deaths.

Facilitate communication among agencies involved with elder deaths in order to improve system gaps in delivery of services.

Goals

The goals of the EDRT are to decrease the number of deaths in San Diego County due to elder adult abuse as a result of physical abuse, neglect, or self-neglect and to indentify the role of elder abuse and/or neglect as contributory factors to such deaths.

The EDRT is a multidisciplinary team whose task is to review elder deaths occurring in San Diego County in accordance with a pre-determined set of protocols and procedures. Information gathered by the EDRT, and any recommendations made by the team, are used to develop education, prevention, and if necessary, prosecution strategies that will lead to improved coordination of services for families and for the elder population.

Objectives

- To promote changes in policies and procedures of governmental and private agencies to increase communication and cooperation and to close service delivery gaps.
- To improve the community response to those at risk.
- To evaluate services provided to victims and perpetrators prior to the death.
- To identify accessibility of services among providers.
- To determine the circumstances surrounding suspicious deaths or deaths attributed to elder abuse or neglect.
- To provide information to public and private agencies that will increase their ability to identify and intervene with persons at risk.
- To increase public awareness surrounding deaths due to family/caregiver violence.
- To consider changes to prevention and intervention systems to help prevent such deaths.
- To bring together public and private agencies to evaluate coordinated systems and to generate collaborative opportunities.
- To have a positive impact on the health and safety of San Diego County residents.

The team convenes quarterly to review suspicious deaths of victims aged 65 or older that were likely associated with elder abuse, neglect and/or self-neglect. Team members may refer cases at any given time, and one case is reviewed per meeting. The EDRT Coordinator, along with the Chair, selects the case. The EDRT coordinator collects information from all agencies, public and private, that had contact with the victim or perpetrator and invites these agencies to attend the EDRT meetings, as appropriate.

Each EDRT member and invited participant signs a Confidentiality Statement (Appendix A). The signed Confidentiality Statements are maintained by the EDRT Coordinator.

During each EDRT meeting, a case review is conducted. The review consists of a presentation by the EDRT Coordinator outlining the event that led to the victim's death. This is followed by the sharing of information from each attendee with relevant case information. The EDRT Coordinator completes the Case Review Investigative Report (Appendix B) during the meeting based on the case review information and with the input from attendees.

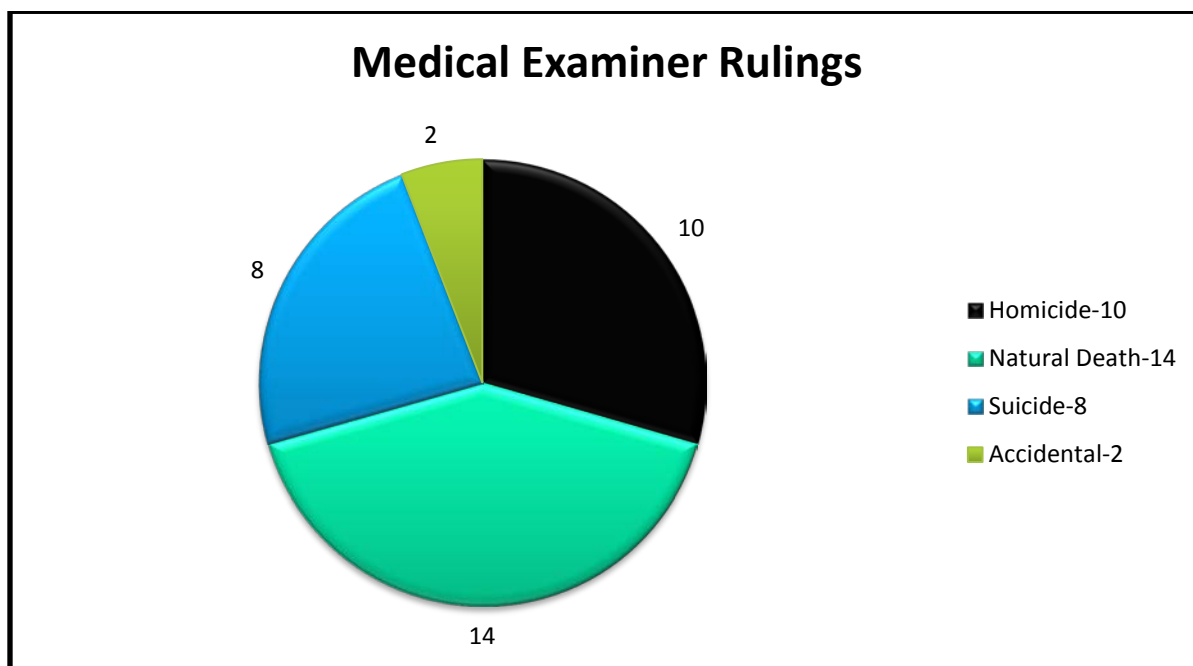
The Investigative Report includes the following:

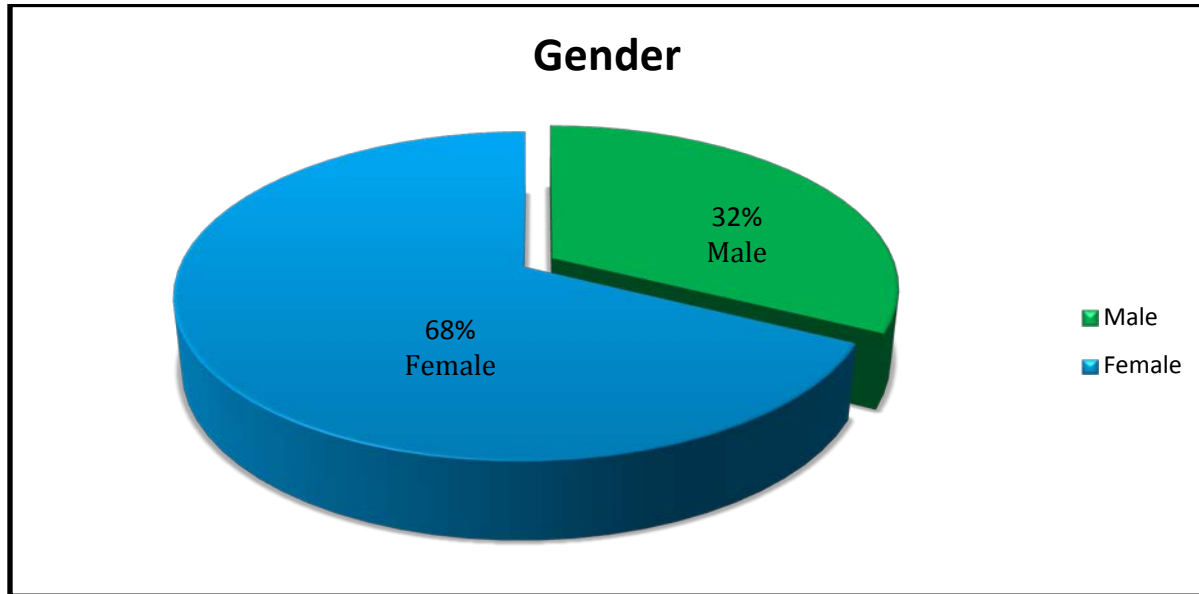
- An investigative summary
- Information regarding the relationship between the victim and the perpetrator
- An assessment of risk factors associated with the victim and perpetrator
- A determination as to whether the victim's death was intervenable at the individual, family, agency, or public policy level, not intervenable or undetermined
- Recommendations

The EDRT Coordinator maintains the completed Investigated Reports, and enters them into a confidential data base. The information from the data is analyzed to identify common trends, risk factors, and points for prevention.

Thirty -four suspicious deaths were reviewed by the EDRT between January 2006 and December 2010. There were 37 perpetrators (there were two perpetrators in three victims' cases). Ten of the 34 cases reviewed were classified as murder-suicides.

Victim Demographics



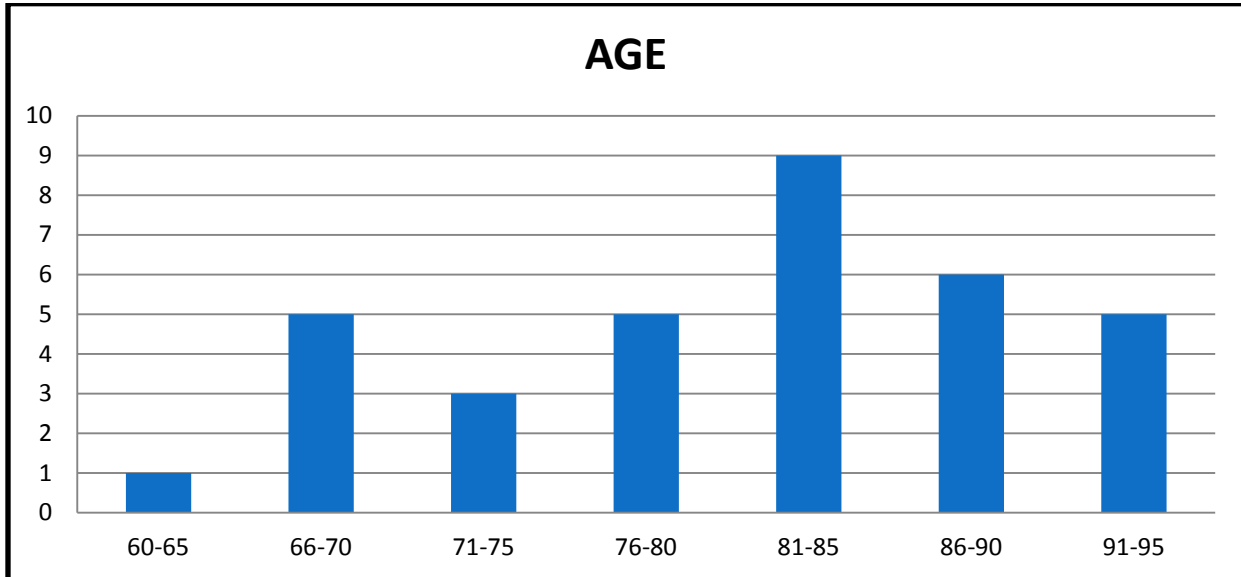


Out of the 34 cases reviewed, 68% (23) victims were female while 32% (11) were male. This trend coincides with cases reported to Adult Protective Services. In San Diego County, females were more likely (66%) to be referred to Adult Protective Services than males (34%). According to the National Center on Elder Abuse, victims of elder abuse are predominately female. In 2009, there were approximately 22.7 million older women and 16.8 older males in the United States (Administration on Aging).

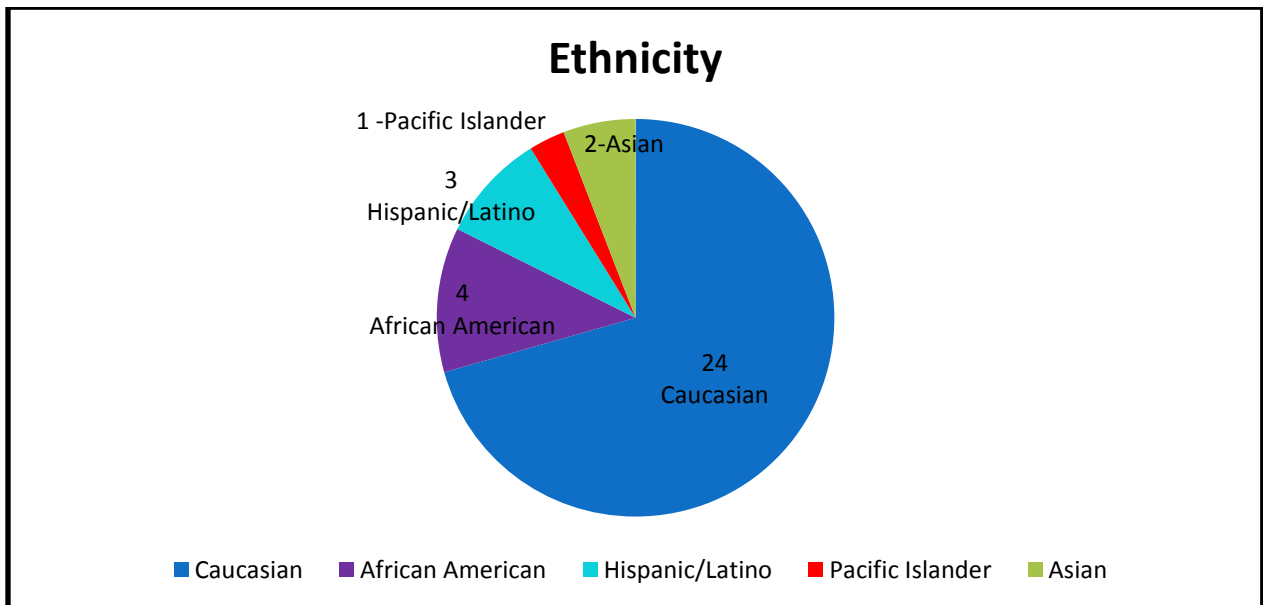
Case Overview: Victim Trends

The highest concentration of deaths occurred between the ages of 81-85. Per the Alzheimer's Association, dementia will affect roughly 10% of Americans over the age of 65 and roughly 50% by the age of 85. Not surprisingly, dementia is most often associated as a disorder of later life. Studies suggest that elders with dementia are thought to be at greater risk than those in the general elderly population. In a U.S. study, caregiver abuse and neglect of people with dementia by their caregivers was detected in 47% of caregivers surveyed (A. Wiglesworth, A. Mosqueda, L. Mulnard, et al, 2010).

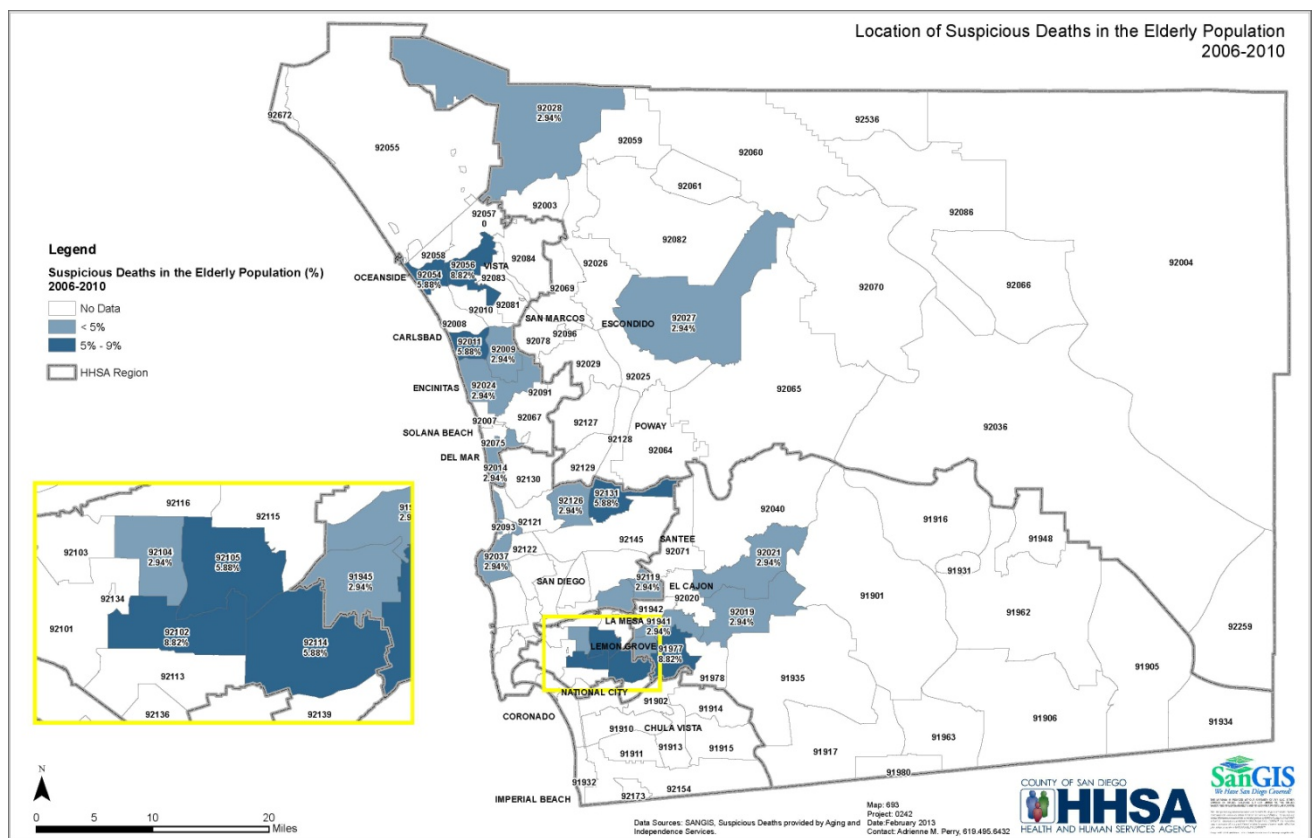
The 85+ population is projected to increase to 6.6 million in 2020.



Caucasians accounted for 71 % of all victims.



- 76% of victims lived in their own homes.
- 74% of victims required assistance with their activities of daily living.
- 35% of victims died with gunshot wounds.
- 68% of victims had prior referrals to Adult Protective Services.
- 88% of victims had suffered a recent traumatic experience.
- 50% of the deaths reviewed occurred in the following geographical areas:
 - 92105
 - 92102
 - 92114
 - 91977
 - 92056



- Victim Stress: 88.2% of victims were exposed to a recent traumatic experience.
- Adult Protective Services referrals: 68% had prior referrals to Adult Protective Services. 56% of those referrals alleged financial abuse.
- Caregivers: 23.5% of perpetrators were paid caregivers. Most relationships were informal. Only one perpetrator was an In-Home Supportive Services provider.
- Daily assistance: 77% of victims required assistance with activities of daily living.
- Mental health issues: 44.1 % of perpetrators suffered from mental health issues. Depression was listed at the most common issue.
- Perpetrator stress: 74 % of perpetrators were exposed to a traumatic event prior to the victim's death.
- 61.8 % of perpetrators did not have a criminal history.

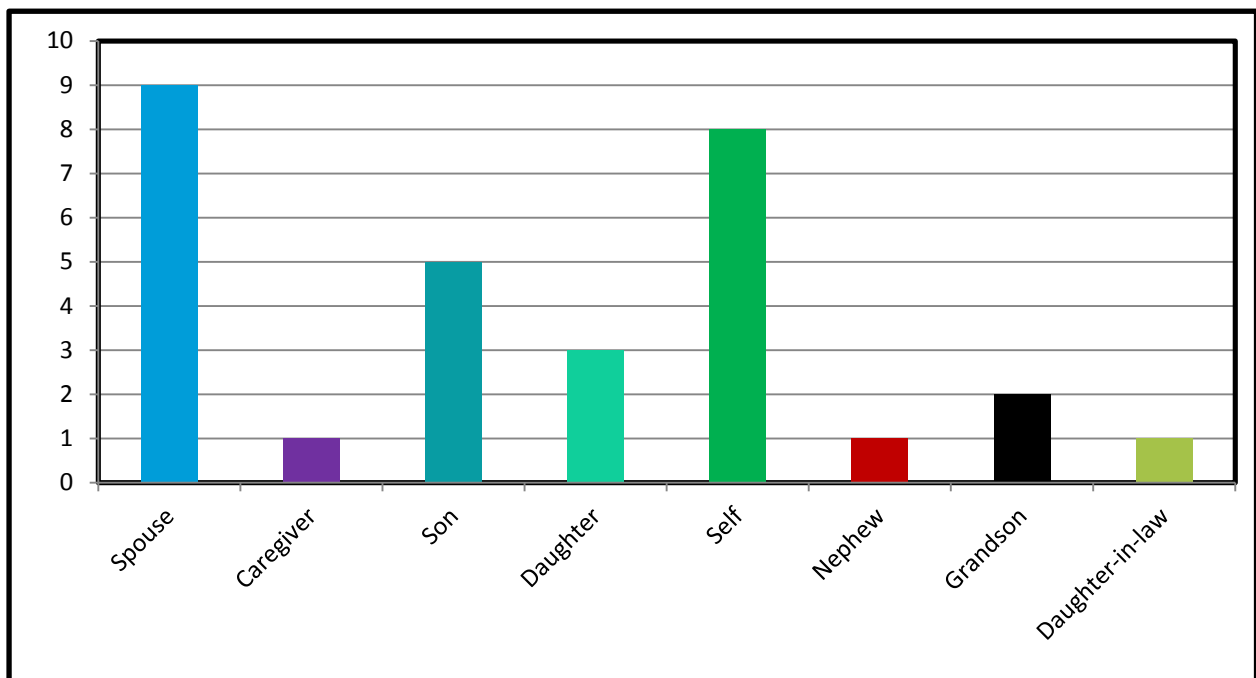
- 77% were male.

This is consistent with research completed by the National Center on Elder abuse in 2006 that indicates that males form the majority of perpetrators in elder abuse cases.

- 88% were family members: 30 perpetrators were family, while seven were not.

Similar to past years, family members account for the majority of perpetrators in elder abuse cases.

- Three quarters of perpetrators were responsible in providing some level of care for the victim.



- 73% lived with the victim. 18 % of those individuals living with the victims suffered from drug and/or alcohol abuse.
- 32% were spouses. According to the U.S Census Bureau, in 2010, 55.1% of older Americans resided with their spouses.
- 74% had experienced a recent traumatic event.

Accomplishments

- Members of the EDRT continue to cross-thread with other County departments and community partners to educate professionals and the public about risk factors associated with elder suicide and elder homicide. The focus of collaboration is prevention and intervention.
- The County of San Diego's Health and Human Service Agency offered specialized training to County staff on topics that included diminished capacity and elder suicide.
- The EDRT and the Domestic Violence Fatality Review Team (DVFRT) have developed a collaborative relationship. The EDRT and DVFRT have conducted joint reviews on several cases that involved elders. In addition, the DVFRT Coordinator and the EDRT Coordinator are now regular participants on each respective team.
- In collaboration with the Elder Death Review Team and Child Fatality Review Team, a presentation was provided at the 12th International Conference on Violence, Abuse and Trauma (IVAT). The presentation focused on "Fatality Review Teams: Three Teams Discuss Familial Homicide Across the Generations".
- The EDRT promoted changes in policies and procedures of government and private agencies.
- The EDRT exposed service delivery gaps and made recommendations to increase accessibility to these services.
- Through the ongoing collaboration of team members, the Medical Examiner's Review Team (MERT) was created.
- In some situations, cases brought to the team for review have prompted further investigations by law enforcement, successful citations of facilities, nurses and medical staff, as well as prosecutions.

- The EDRT will continue to meet on a quarterly basis, or as the need arises.
- The EDRT will continue to facilitate and encourage education and outreach to mandated reporters, professional and the public on elder abuse and neglect.
- The EDRT will continue to gather more information on the backgrounds of the victims and perpetrators in the cases reviewed in order to better understand the dynamics of elder abuse. There is much to be learned from cases in terms of better identifying points of intervention and improved system response.
- The EDRT will continue to explore ways to increase prosecution in elder abuse cases.
- The EDRT will continue to identify legislative remedies that would serve to support the EDRT activities and goals.
- The EDRT will continue to respond to new and emerging needs.
- The AIS Outreach and Education Team will continue to provide on-going training to professionals, mandated reporters and the public about elder abuse and mandated reporting.

1. Alzheimer's Association. (2010). 2010 Alzheimer's disease facts and figures.
2. Pillemer, K., & Sutor, J. (1992). Violence and violent feelings: What causes them among family caregivers? *The Journal of Gerontology*, 47(4), S165-S172.
3. Cooney, C., Howard, R., & Lawlor, B. (2006). Abuse of vulnerable people with dementia by their carers: Can we identify those most at risk? *International Journal of Geriatric Psychiatry*, 21, 564-571.
4. Cooper, C., Selwood, A., Blanchard, M., Walker, Z., Blizard, G., and Livingston, G. (2009). Abuse of people with dementia by family carers: Representative cross sectional survey. *British Medical Journal*, 339(7694), 1-5.
5. Yan, E., & Kwok, T. (2010). Abuse of older Chinese with dementia by family caregivers: An inquiry into the role of caregiver burden. *International Journal of Geriatric Psychiatry*, doi:10.1002/gps.2561
6. A. Wigglesworth, A. Mosqueda, L. Mulnard, R, et al. (2010), Screening for Abuse and Neglect of People with Dementia. *Journal of the American Geriatrics Society*, Volume 58, Issue 3, 493-500.
7. VandeWeerd, C. V., & Paveza, G. J. (2005). Verbal mistreatment in older adults: A look at persons with Alzheimer's disease and their caregivers in the State of Florida. *Journal of Elder Abuse*, 17(4), 11-30.
8. Paveza, G. J., Cohen, D., Eisdorfer, C., Freels, S., Semla, T., Ashford, J. W., et al. (1992). Severe family violence and Alzheimer's disease: Prevalence and risk factors. *The Gerontologist*, 32(4), 493-97.

COUNTY OF SAN DIEGO

ELDER AND DEPENDENT ADULT DEATH REVIEW TEAM (EDADRT)

CONFIDENTIALITY STATEMENT

The purpose of the County of San Diego Elder and Dependent Adult Death Review Team (EDADRT) is to conduct a full examination of suspicious deaths associated with suspected elder abuse and/or neglect. In order to assure a coordinated response that fully addresses all systemic concerns surrounding these fatality cases, the EDRT must have access to all existing records on each person's death. This includes social services reports, court documents, police records, autopsy reports, mental health records, education records, hospital or medical related data, and any other information that may have a bearing on the intimate relationship violence victim and his/her family.

With this purpose in mind, I the undersigned, as a representative of

Agency's Name

agree that all information secured in this review meeting will remain confidential as required by Penal Code section 11174.7 and any other applicable state or federal law, and will not be used for reasons other than that which it is intended. No material will be taken from the meeting with case identifying information.

Print Name

Signature

Date

Witness

**County of San Diego Elder Death Review Team
CASE REVIEW- INVESTIGATIVE REPORT**

Review Date:

**Case Closed ()
Case Held Over () DATE:**

| Victim's Name | DOB | Date/Time of Death | Type of Death | ME No. | Case No. |
|--|-------------------------|--------------------|-------------------------|--------|-----------------|
| INVESTIGATIVE SUMMARY | | | | | |
| I. Victim's Information: | | | | | |
| II. Past Medical History: | | | | | |
| III. Pre-existing Life Threatening Disease/ Condition: | | | | | |
| IV. Toxicology Report: | | | | | |
| V. Cause of Death: | | | | | |
| VI. Suspect's Name: | | | | | |
| VII. Suspect's DOB: | | | | | |
| Risk Factors | | | | | |
| | < 12 mos. ago | | > 12 mos. ago | | Comments |
| 1. Escalation of abuse prior to homicide | P | V | P | V | |
| 2. Graphic threats to kill | P | V | P | V | |
| 3. Homicidal Ideation | P | V | P | V | |
| 4. Stalking history by perpetrator | P | V | P | V | |
| 5. Injury in prior abusive incidents. (required medical treatment from hospital/emergency treatment) | P | V | P | V | |
| 6. TRO placed on perpetrator by victim | Yes | No | Yes | No | |
| 7. TRO placed on perpetrator by other person | Yes | No | Yes | No | |
| 8. TRO violation by perpetrator | Yes | No | Yes | No | |
| 9. History of TROs against perpetrator | Yes | No | Yes | No | |
| 10. TRO in effect at time of homicide | | | | | |
| 11. Police involved with previous elder abuse incident. | P | V | P | V | |
| 12. Prior APS referral (s) | P | V | P | V | |
| 13. Other: | | | | | |
| WEAPONS | | | | | |
| 14. Access to firearms or other weapons | P | V | P | V | |
| 15. Use of weapons in prior incidents (arson included) | P | V | P | V | |
| 16. Threats with weapons | P | V | P | V | |
| RELATIONSHIP OF VICTIM & PERPETRATOR | | | | | |
| 17. Relationship of Victim & Perpetrator: | | | | | |
| <ul style="list-style-type: none"> • Family Member: • Informal Care Provider: • Formal Care Provider • Stranger: • Other: | | | | | |
| RELATIONSHIP DYNAMICS/CONTROL | | | | | |
| 18. Controlling of daily activities | P | V | P | V | |