Elder Abuse: Forms, Causes, and Possible Legal Remedies

Presentation for:
BISC-Michigan 2011 Annual Conference
April 13-15, 2011

Presented By:
Linda Dawson, J.D.
Elder Justice Coordinator, NCALL

National Clearinghouse on Abuse in Later Life (NCALL),
A Project of the Wisconsin Coalition Against Domestic Violence (WCADV)
307 S. Paterson St., Madison, WI 53703
608-255-0539 • www.ncall.us • www.wcadv.org
Acknowledgement

The following material was selected from the two-day Law Enforcement Training Curriculum for the Department of Justice Office on Violence Against Women's (OVW) Enhanced Training and Services to End Violence Against and Abuse of Women Later in Life Program. The Curriculum was developed by the OVW in partnership with the National Clearinghouse on Abuse in Later Life (NCALL), the Federal Law Enforcement Training Center (FLETC) and the National Sheriff's Association (NSA).

For more information about the Abuse in Later Life program or the law enforcement training or for permission to reproduce any of these materials, please contact:

Linda Dawson, J.D., Elder Justice Coordinator
National Clearinghouse on Abuse in Later Life (NCALL),
a project of the Wisconsin Coalition Against Domestic Violence (WCADV)
207 S. Paterson St., Suite 1
Madison, WI  53703
Phone:  608-255-0539
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Abuse in Later Life Wheel

Created by the National Clearinghouse on Abuse in Later Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence (WCADV)
307 S. Paterson St., Suite 1, Madison, WI 53703 608-255-0539
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This diagram adapted from the Power and Control/Equality wheels with permission by the Domestic Abuse Intervention Project, Duluth, MN (2006)
Abuse in Later Life Wheel Development

In early 1980, the Duluth Domestic Abuse Intervention Project asked women attending domestic violence educational groups to describe their experiences of being battered by their male partners. The Duluth Power and Control wheel was created using the most commonly repeated tactics. There are many additional abusive behaviors experienced by women that are not on the wheel due to the small space available.

In 1995, NCALL staff asked facilitators of older abused women’s support groups to have participants review the Duluth wheel. These older women were asked if their experiences of abuse in later life were different or similar to younger victims/survivors. Participants from a handful of groups in Wisconsin, Minnesota and Illinois generously provided feedback. The older women’s suggestions were used to create the Family Abuse in Later Life wheel by NCALL.

In 2005, NCALL took the Family Abuse in Later Life wheel back to older survivors, and asked them to review the wheel once again. Over 50 victims from eight states responded, many telling us that the wheel reflected the abuse in their lives, however, it did not adequately represent the ongoing psychological & emotional abuse they experienced throughout their relationships. The attached wheel illustrates this reality.

The outer rim of the wheel defines violence or the threat of violence that is evident in the relationship. The violence may be frequent or very limited, but fear and threats are present. The abuser uses threats to maintain power and control. Each of the pie pieces represent the different tactics abusers may use in a relationship. Abusers may not necessarily use all of the tactics or they may use one tactic more often. Any combination of tactics can be used to maintain power and control.

This wheel makes a distinction between emotional and psychological abuse. Emotional abuse is specific tactics, such as name-calling, put-downs, yelling and verbal attacks, used to demean the victim. Psychological abuse is the ongoing, manipulative, crazy making behavior that becomes an overriding factor/tactic in abusive relationships. Sometimes it can be very subtle, sometimes it is very intense and invasive.

The center represents the goal or the outcome of all of these behaviors...power and control.

With great respect and thanks to all those who assisted with this project.
PHYSICAL ABUSE
- Slaps, hits, punches
- Throws things
- Burns
- Chokes
- Breaks bones
- Creates Hazards
- Bumps and/or trips
- Forces unwanted physical activity
- Pinches, pulls hair & twists limbs
- Restrains

SEXUAL ABUSE
- Makes demeaning remarks about intimate body parts
- Is rough with intimate body parts during care giving
- Takes advantage of physical or mental illness to engage in sex
- Forces sex acts that make victim feel uncomfortable and/or against victim's wishes
- Forces victim to watch pornography on television and/or computer

PSYCHOLOGICAL ABUSE
- Withholds affection
- Engages in crazy-making behavior
- Publicly humiliates or behaves in a condescending manner

EMOTIONAL ABUSE
- Humiliates, demeans, ridicules
- Yells, insults, calls names
- Degrades, blames
- Uses silence or profanity

THREATENING
- Threatens to leave and never see elder again
- Threatens to divorce or not divorce
- Threatens to commit suicide
- Threatens to institutionalize
- Abuses or kills pet or prized livestock
- Destroys or takes property
- Displays or threatens with weapons

TARGETING VULNERABILITIES
- Takes or moves walker, wheelchair, glasses, dentures
- Takes advantage of confusion
- Makes victim miss medical appointments

NEGLECTING
- Denies or creates long waits for food, heat, care or medication
- Does not report medical problems
- Understands but fails to follow medical, therapy or safety recommendations
- Refuses to dress or dresses inappropriately

DENIES ACCESS TO SPIRITUAL TRADITIONS/EVENTS
- Denies access to ceremonial traditions or church
- Ignores religious traditions
- Prevents from practicing traditional ceremonies/events
USING FAMILY MEMBERS
- Magnifies disagreements
- Misleads family members about extent and nature of illnesses/conditions
- Excludes or denies access to family
- Forces family to keep secrets
- Threatens and denies access to grandchildren
- Leaves grandchildren with grandparent without honoring grandparents needs and wishes

RIDICULES PERSONAL & CULTURAL VALUES
- Ridicules personal/cultural values
- Makes fun of a person's racial background, sexual preference or ethnic background
- Entices or forces to lie, commit a crime or do other acts that go against the victim's value system

ISOLATION
- Controls what victim does, whom they see, and where they go
- Limits time with friends and family
- Denies access to phone or mail
- Fails to visit or make contact

USING PRIVILEGE
- Treats victim like a servant
- Makes all major decisions
- Ignores needs, wants, desires
- Undervalues victim's life experience
- Takes advantage of community status, i.e. racial, sexual orientation, gender, economic

FINANCIAL EXPLOITATION
- Steals money, titles, or possessions
- Takes over accounts and bills and spending without permission
- Abuses a power of attorney
- Tells elder money is needed to repay drug dealer to stay safe
## OFFENDER JUSTIFICATIONS AND DEFENSES

<table>
<thead>
<tr>
<th>Form of Abuse</th>
<th>Defense or Justification</th>
<th>Investigation Considerations</th>
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</thead>
<tbody>
<tr>
<td><strong>Physical</strong></td>
<td>―She fell.‖</td>
<td>• Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?</td>
</tr>
<tr>
<td></td>
<td>―He’s just clumsy.‖</td>
<td>• Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?</td>
</tr>
<tr>
<td></td>
<td>―I was trying to help.‖</td>
<td>• Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?</td>
</tr>
<tr>
<td></td>
<td>―She bruises easily.‖</td>
<td>• Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?</td>
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<tr>
<td></td>
<td></td>
<td>• Is the victim taking medications that can cause a person to bruise easily?</td>
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<tr>
<td></td>
<td>―It was an accident.‖</td>
<td>• Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?</td>
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<tr>
<td></td>
<td>―He has Alzheimer’s disease or he’s crazy. You can’t believe what he says.‖</td>
<td>• Do the medical history and/or mental health experts support this assertion?</td>
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<td></td>
<td></td>
<td>• What are your observations of victim/suspect/witness at different periods of time?</td>
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<tr>
<td></td>
<td>―I was defending myself.‖</td>
<td>• Is there sign of a defensive injury?</td>
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<td></td>
<td>• Who is the predominant (or primary) physical aggressor?</td>
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<tr>
<td><strong>Neglect</strong></td>
<td>―She has always lived like this. She’s not a good housekeeper.‖</td>
<td>• Are there sufficient resources to provide for the victim’s needs?</td>
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<td></td>
<td>• Has the victim’s capacity changed over time?</td>
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<td></td>
<td>• Is there a caregiver?</td>
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<td></td>
<td>• Do friends or family members support this statement?</td>
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| Neglect (cont’d) | “I’m doing the best I can. Taking care of him is very difficult.” | - Does the victim have sufficient capacity to make informed decisions about care, including refusing to accept care or treatment?  
- Does the victim have a history of refusing help?  
- Does the suspect have a duty to provide care?  
- Is the suspect receiving payment to provide care?  
- Has the caregiver been instructed on the victim’s condition, care needs and how to provide care? Does caregiver have any special training in providing care?  
- Are the victim’s care needs obvious and apparent to the average person? |
|               | "He doesn’t want medication/medical treatment. I'm honoring his wishes." | - Is there documentation of person’s wishes (for example, a do not resuscitate order [DNR])?  
- What is the victim’s capacity, as documented by a trained professional?  
- Are there historical statements of intent or the desires of the victim? |
<p>|               | “She refused to eat.” | - What is the health history of the person? |
|               | “I didn’t know how sick she was or what she needed.” | - Is there a medical history indicating how often victim was taken to a doctor and what was told to the caregiver about the patient’s condition? |
|               | “I’m just doing what she (the victim) wants.” | - Do wills or advanced directives describing what the victim wants exist? |</p>
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| Sexual Abuse | “She wants to have sex with me.” or “She likes watching pornographic movies with me.” (Suspect is trying to show consent.) | • If the victim has capacity, what is the victim’s account of what happened?  
• If the victim does not have capacity, the victim cannot consent. |
|              | “She’s my wife/girlfriend.” | • If the victim has capacity, what is the victim’s account of what happened?  
• If the victim does not have capacity, the victim cannot consent. |
|              | “I was just cleaning or bathing him. This is not sexual abuse.” | • What does a health care provider say about whether appropriate caregiving techniques were being used? |
|              | “She came on to me.” | • If the victim has capacity, what is the victim’s account of what happened?  
• If the victim does not have capacity, the victim cannot consent. |
|              | We’re consenting adults.” | • If the victim has capacity, what is the victim’s account of what happened?  
• If the victim does not have capacity, the victim cannot consent. |
|              | “She acted like she liked it.” | • If the victim has capacity, what is the victim’s account of what happened?  
• If the victim does not have capacity, the victim cannot consent. |
|              | “She’s my wife. I have the right.” | • Check state marital rape laws. If the victim has capacity, what is the victim’s account of what happened?  
• If the victim does not have capacity, the victim cannot consent. |
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<tr>
<td>Financial Exploitation</td>
<td>Loan</td>
<td>• What is the capacity of lender?</td>
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<td>• Is there written proof of the loan including the amount and period of loan and were other loans made?</td>
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<td>• What are the terms of repayment and were any repayments made?</td>
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<td>Gift for self or children</td>
<td>• What is the capacity of the donor?</td>
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<td></td>
<td>• What is the value of the gift?</td>
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<td></td>
<td>• What is relationship between donor &amp; victim?</td>
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<td></td>
<td>• Is there evidence of donor’s intent to make a gift?</td>
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<td></td>
<td>• Why was a gift made? (Any promises or other inducements?)</td>
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<tr>
<td>Services Provided</td>
<td></td>
<td>• What is the capacity of the person seeking the services?</td>
</tr>
<tr>
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<td></td>
<td>• What were the services; were they needed; how often were services provided; how well performed; were supplies provided?</td>
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<td></td>
<td>• What is the value of services vs. amount paid for them?</td>
</tr>
<tr>
<td>Permission</td>
<td></td>
<td>• What is the capacity of the victim?</td>
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<tr>
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<td></td>
<td>• Is there evidence of actual permission?</td>
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<tr>
<td></td>
<td></td>
<td>• Were there promises or other inducements to get permission?</td>
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<tr>
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<td></td>
<td>• Who benefited?</td>
</tr>
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<td></td>
<td></td>
<td>• How often was permission used?</td>
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<td></td>
<td>• What is the value of items obtained?</td>
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<td></td>
<td></td>
<td>• Did victim understand what permission was used to do?</td>
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<tr>
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</tbody>
</table>
| Financial Exploitation (cont’d) | Quid Pro Quo (“She lets me live with her in exchange for helping with errands.”) | • What is the capacity of the victim?  
• Was the marriage reasonable given the relationship between the parties?  
• Was the suspect legally able to marry?  
• Are there any suspect misrepresentations? |
|                        | Favor (“She freely gave me use of her car as a favor to me.”)                             | • What is the capacity of the victim?  
• Who benefits from the favor; what did victim receive in return; is the benefit reasonable?  
• How does it fit prior financial planning and actions of the victim?  
• Did suspect receive payment to provide care?  
• What is victim’s relationship to business or person? |
|                        | Lack of Knowledge (“But I do not know her PIN.”)                                          | • What is the contrary evidence?  
• Did the suspect have access to information?  
• Were there other acts for same goal? (e.g., forged her signature to get an ATM card in victim’s name) |
|                        | Legal authority                                                                         | • What is the capacity of the victim?  
• Is there legal authority in writing?  
• What does the legal authority cover and what are expressed or implied limitations? |
|                        | Victim is “crazy”                                                                       | • Is there a medical opinion of victim’s mental health?  
• Are there statements from friends and family about victim’s behavior prior to and after suspect came into victim’s life?  
• Does the victim take any medications? |
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<tr>
<td>Financial Exploitation (cont’d)</td>
<td>Victim is “crazy” (cont’d)</td>
<td>• What was the victim’s behavior around time of questioned events? Is this conduct consistent with earlier times?</td>
</tr>
<tr>
<td></td>
<td>“I’m the real victim.”</td>
<td>• Who is benefiting financially?</td>
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<tr>
<td></td>
<td>“We’re in love/ married/in a relationship.” “We’re family.” “She’s like a mother to me; therefore, we share resources.”</td>
<td>• Who is benefiting financially? • What is true nature of relationship? • Are any cultural norms relevant for consideration? • Does suspect have other relationships or marriage licenses? • Does suspect have other income or debts? • Are victim’s basic needs met?</td>
</tr>
<tr>
<td></td>
<td>Purchase made as part of care</td>
<td>• Is there evidence of purchase being used to provide care? • Is the purchase necessary for care?</td>
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VICTIM INDICATORS OF ABUSE, NEGLECT AND EXPLOITATION

If an older individual is displaying some of the signs listed below, investigate further to determine if elder abuse, neglect or exploitation are occurring. Pay particular attention to reported changes in the older individual’s behavior.

**General Behavior Indicators**

Victim signs can include but are not limited to:

- Suddenly withdraws from routine activities.
- Is afraid to speak in the presence of the suspect or looks to the suspect to answer questions.
- Is confined (e.g. tied to furniture or locked in a room).
- Is isolated.
- Denies, minimizes, or blames self for what has happened, is hesitant to discuss, or gives “coded” disclosures – such as “my son has a temper.”
- Changes in behavior without explanation.
- Waits or fails to seek out help or medical treatment, misses appointments, or frequently changes doctors or hospitals.
- Visits hospital or physician with vague complaints such as anxiety, headaches, or digestive problems.
- Provides implausible or inconsistent explanations about what has occurred.
- Appears afraid, embarrassed, ashamed, withdrawn, or depressed.
- Reports being abused neglected or exploited.

**Indicators of Physical Abuse**

- Bruises, black eyes, welts, lacerations, and rope marks.
- Bone fractures, broken bones, and skull fractures.
- Open wounds, cuts, punctures, untreated injuries.
- Sprains, dislocations, and internal injuries/bleeding.
- Broken eyeglasses/frames, physical signs of being subjected to punishment, and signs of being restrained.
- Laboratory findings of a medication overdose or under utilization of prescribed drugs.
• Injuries in various degrees of healing.
• Patterned injuries caused by an object.
• Injuries NOT in locations normally associated with accidental injuries such as: on the outside of arms, inside of legs, scalp, around throat, face, soles of feet, inside mouth, on or behind the ears, on the trunk, genitalia, and buttocks.
• Repeated, unexplained, or untreated injuries.

Indicators of Sexual Abuse

• Infections, pain, or bleeding in genital areas.
• Difficulty walking or sitting.
• Torn, stained, and/or bloody clothing, including underwear, bedding, or furnishings.
• Inappropriate (enmeshed) relationship between older adult and suspect.
• Bruises to outer arms, chest, mouth, genitals, abdomen, pelvis, or inside thighs.
• Bite marks.
• Unexplained STDs or HIV.
• Coded disclosures such as “I might be pregnant” or “He makes me do bad things.”

Indicators of Neglect

• Dehydration or malnutrition.
• Presence of untreated bedsores (pressure ulcers).
• Under, over, or mis-medicating an older adult. (Look for victim’s behavior or if the amount of medication available does not match the prescription.)
• Leaving an older adult in feces, urine.
• Failure to follow recommended turning procedures for older adults who are bedridden.
• Poor hygiene.
• Failure to take older adult to medical appointments, hospital.
• Unexplained changes in older adult’s weight or cognition.
• Inappropriate clothing for conditions.
• Filthy bedding, clothing.
• Dirty or unused bathroom, kitchen.
• Broken, or absence of, needed medical equipment, aids such as eyeglasses, hearing aids, walkers, wheelchairs.
**Indicators of Financial Exploitation**

- The older adult is unaware of monthly income and bills.
- Important possessions, documents or credit cards are missing.
- Many bills are unpaid.
- The caregiver refuses to spend the older adult's money on the older adult.
- The older adult has given many expensive gifts to the caregiver.
- Checks are made out to cash.
- The caregiver asks or coerces an older adult to sign a blank check and then the caregiver misuses the check or steals the money.
OFFENDER INDICATORS OF ABUSE, NEGLECT AND EXPLOITATION

An offender’s signs can include, but are not limited to:

- Provides inconsistent and conflicting explanation’s about the older adult’s injuries.
- Belittles, threatens, or insults the older adult.
- Handles the older adult roughly.
- Ignores the older adult’s need for assistance or is reluctant to help the older adult.
- Has a past history of being abusive.
- Does not speak to or provide companionship to the older adult and isolates him or her from the outside world, friends or relatives.
- Controls and dominates the older adult, is always present when anyone talks with the older adult, speaks for him/her, and is overly protective or defensive.
- Portrays self as victim or only caring person in older adult’s life.
- May be charming and helpful toward professionals and the victim while others are present.
- Abuses the older adult’s pets.
- Controls and dominates the older adult’s life/activities.
- Justifies and minimizes own actions.
ENVIRONMENTAL INDICATORS OF ABUSE, NEGLECT AND EXPLOITATION

Environmental signs of elder abuse include, but are not limited to:

- An unclean or unsanitary living environment.
- Strong odors of urine and or feces.
- Lack of food.
- Lack of medication or assistive devices (if needed by older adult).
- Lack of heat, electricity, or running water.
- Safety issues.
- Abused or neglected pets.
- Damage to home caused by abusive behavior such as broken door frames, holes punched in walls, and broken items, such as a phone.
- Dangerous environment due to basic safety and health standards not being met.
- Infestation of insects or rodents.
- House, roof, yard in disrepair.
- Evidence of hoarding.
STRANGULATION

Strangulation is not choking. Choking is an internal obstruction of an airway while strangulation is a form of asphyxia and the closure of the blood vessels and air passages in the neck as a result of external pressures on the neck. Unless quoting, investigators should document this act of violence as strangulation and not choking.

Strangulation can result in unconsciousness, critical injury, or death, and less pressure than it takes to pull the trigger of a handgun can cause unconsciousness.

**Strangulation Includes**

- Hanging (most often associated with suicide).
- Ligature (use of an object such as a phone cord, rope, or clothing).
- Manual (use of the hands).

**Signs and Symptoms of Strangulation Include**

- Neck pain or swelling.
- Sore throat.
- Hoarse or raspy voice.
- Voice loss.
- Difficulty swallowing.
- Scratch marks.
- Scrapes.
- Claw marks (often defensive wounds from the victim on the suspect).
- Chin abrasions.
- Thumbprint bruises.
- Bruises behind the ears.
- Red, linear marks, often three.
- Petechiae (red dots on the eye).
- Rope or cord burns.
- Loss of bodily functions.
- Fainting or unconsciousness.
- Nausea or vomiting.
- Lung damage.
- Behavioral changes.
Investigators should ask every victim of elder abuse if the victim was strangled. If the victim says no, investigators should ask if the offender put his hands or any objects around the victim’s neck.

In elder abuse cases, investigators should consider that the abuser may use medical equipment or restraints to prevent the older adult victim from wandering or to strangle the older victim.

**Other Questions Investigators Should Ask Strangulation Victims**

- How did the offender strangle the victim (with one hand, two hands, an object such as a phone cord or article of clothing)?
- Was the offender wearing jewelry?
- For how long did the offender strangle the victim?
- How much force did the offender use?
- Did the offender say anything while strangling the victim and if so, what?
- What was the offender’s facial expression?
- Did the offender shake or whip the victim back and forth?
- Has the offender done this before?
- Did the victim lose consciousness or control of bodily functions?
- What specific symptoms is the victim experiencing?

In addition to these questions, investigators should photograph any visible injuries, look for other injuries, take follow-up photographs, and *always* dispatch EMS because of the potential of unnoticeable, internal injuries that could be fatal. Because of underlying brain damage caused by the lack of oxygen during strangulation, victims have died weeks later.

Sometimes victims may not realize the severity of their injuries, be reluctant to seek medical attention, or trivialize the violence they have experienced. As a result, investigators’ and victims’ minimization of what has occurred can prove harmful and fatal.
NEGLECT

Neglect is defined as the refusal or failure of a caregiver to fulfill any part of that person’s obligations or duties to care for an older adult. Neglect may also include the failure of a person who has fiduciary responsibilities to provide care for an older adult (e.g., to pay for necessary home care services), or the failure of a nursing home, adult family home, or in-home service provider to provide necessary care.

Neglect typically refers to the refusal or failure to provide an older adult with necessities such as:

- Food.
- Water.
- Clothing.
- Shelter.
- Personal hygiene.
- Medication.
- Medical care.
- Adaptive devices.
- Comfort.
- Personal safety.
- Other essentials included in an implied or agreed-upon responsibility (contract to care for) to an older adult.

Neglect cases can present unique challenges for investigators. It can often be very difficult to determine when an older person’s condition is deteriorating even with quality health care and when neglect has risen to the level of a crime. For example:

- Persons with medical conditions, such as osteoporosis, can break bones easily and accidentally so these types of injuries may not be signs of abuse.
- “Wasting” or malnutrition may be caused by a disease state, not neglect. Investigators must know what the victim’s medical history shows.
- Even with proper turning, bedsores (pressure sores or decubitus ulcers) may still occur.
- Chemical or mechanical restraints should not be used unless under medical supervision, and if used should be carefully and frequently monitored.
Abusers often will limit or block an elder abuse victim’s access to health care so when the older person last saw a doctor could be a key indicator. However, persons with a terminal illness or religious or spiritual beliefs about using modern medicine may voluntarily decline to seek health care. This issue will require well documented evidence of the elder’s wishes expressed at a time when s/he had the capacity to make an informed decision. Review any advanced directives including powers of attorney for health care and do not resuscitate (DNR) orders.

Abusers often limit or block the older individual’s access to social services, friends, family, and neighbors. However, persons who are not feeling well or are depressed may determine on their own that they no longer want contact with others.

**Keep in Mind the Following:**

- Treat allegations or your suspicions of neglect no differently than any other incident or crime with potentially life-threatening injuries.
- Call paramedics if immediate medical attention seems appropriate or necessary.
- Thoroughly investigate the scene and collect as much evidence as possible in case the victim is not willing or able to testify.
- Treat the victim's location as a crime scene. Take photographs of the victim's bed, bedroom, bathroom, kitchen, suspect's bedroom, etc. Collect as much evidence as possible.
- Remember that the victim will often be unable to testify at trial, so treat your case from an evidence-based perspective. Be as thorough as possible in collecting evidence, taking photographs, and taking statements.
- Speak to the victim's physician as soon as possible after the incident to determine whether the cause of injuries/symptoms is likely neglect.
- The crime of neglect usually is a general intent crime. Determine if financial ties exist between the victim and suspect or if the suspect has financial gain motives. Get a search warrant for bank records if necessary.
- Take a statement from the caregiver early on in the investigation.
- Consider involving APS in the investigation after the initial evidence has been collected.
SELF-NEGLECT

Investigators may observe self-neglect if they are conducting a wellness check or another investigation. In cases of self-neglect, there is no perpetrator.

Self-neglect generally manifests itself as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions.

Signs and symptoms of self-neglect include, but are not limited to:

- Failure to take essential medications.
- Refusal to seek medical treatment for serious illness.
- Leaving a burning stove unattended.
- Poor hygiene.
- Not wearing suitable clothing for the weather.
- Confusion.
- Inability to attend to housekeeping (piles of trash and belongings everywhere).
- Dehydration
- Malnutrition.

Hoarding may be present in some cases of self-neglect. Hoarding is the excessive collection and retention of things or animals until they interfere with day-to-day functions such as home, health, family, work, and social life. Severe hoarding causes safety and health hazards. Other hoarders will collect objects and be unable to throw anything away so their homes become full of trash. Sometimes it is impossible to walk through the house without creating a path.

Animal hoarders collect many dogs, cats, or other animals. They often claim they are rescuing the animals from harm or death and are unable to see that many of the animals under their care are ill or dying.

Investigative Response to Self-neglect Cases

Prior to determining if an older individual is self-neglecting, investigators should conduct a routine investigation to determine if a crime has been committed. Some cases that appear to be self-neglect are actually cases of financial exploitation or neglect.

An investigation should include questions about:

- Who might be providing care and assisting with financial resources?
- Does anyone else live in the home or visit regularly?
If it appears that no crime has been committed, consider these potential referrals:

- General self-neglect: contact adult protective services (APS) or a health care provider.
- Animal hoarding: contact the Humane Society or similar organization.
- If the property is a danger to the older individual or neighborhood: contact building or code enforcement.

Social service workers are not able to remove competent older individuals from their home or tell them how to live their lives without a court order. APS may work with individuals and try to help them access needed medical care and deal with home safety issues as much as possible within the statutory guidelines that regulate their work.
CHALLENGES WHEN INVESTIGATING ELDER SEXUAL ABUSE

Victims with Alzheimer’s Disease or Dementia

Working with victims of dementia can create special challenges. Some accounts of victims with dementia who report sexual abuse are dismissed because the older individual is not seen as a credible reporter. Keep in mind that an assault may have occurred, even if other things the person says are not likely or possible. Perpetrators often target victims they know will not be good reporters and will not be believed.

Another challenge when victims have dementia is consent. In some cases, spouses or partners will engage in sexual activity with an older individual who no longer has the ability to consent, especially those living in facilities. The spouse may claim it is his right to continue to have sex with his wife even though the law may disagree.

Perpetrator’s with Dementia or Alzheimer’s Disease

A person with certain types or stages of dementia may display inappropriate sexual behavior. The person may engage in inappropriate fondling of others or compulsive masturbation in public. This may appear to be a form of sexual aggression but may not actually be a power and control issue. The person may not know what he is doing. Regardless of the intent, victims of these behaviors are impacted, and steps should be taken to protect the victim from further attacks. It is also important to offer supportive services to the victim.

If an investigator is told that a suspect has Alzheimer’s Disease or other dementia, contacting your local APS, Crisis Response Team or a Dementia Diagnostic Center may be more appropriate than arrest. These agencies can help assess the situation and identify interventions.

Investigators should be aware that standard intervention techniques may actually exacerbate a person with dementia’s aggressive behavior. Avoid actions that could startle or be perceived as threatening – coming up from behind or touching when not in the person’s view, loud noises (siren), physical restraint.

Adapted from: To Live Without Fear and Violence: Sexual Assault and Domestic Abuse Against Older Individuals, Wisconsin Coalition Against Sexual Assault, Inc, 2004.

Sexual Contact by Caregivers

In some states sexual contact by a nursing home employee with any resident is a crime. In general, sexual activity by paid caregivers may be a crime and should be investigated and reported to APS.
Elderly Victims May Not Want to Report or Assist with the Investigation

- Victims may be reluctant to talk about the attack, report it, or accept help because of the stigma or shame. Generational values may make it difficult for some victims to talk about sexual abuse and/or body parts.
- Memory loss and hearing and visual loss may limit a victim’s ability to report episodes or be an accurate witnesses.
- Examinations may be much more difficult or even impossible as a result of physical conditions such as contractures (the victim’s legs are contracted, limiting movement and repositioning).
- As a result of dementia, victims may not be able to understand that they were assaulted and may be unable to cooperate with exams.

Elder Sexual Abuse May Be Overlooked by Professionals

- Sexual assault is often overlooked and is less likely to be reported and substantiated than other forms of elder abuse.
- Professionals may fail to report because they do not know what to do.
- Professionals may believe that keeping the family unit or current caretaking arrangement is preferable to alternatives without the caretaker, including placement in a long term care facility.
STALKING

Stalking is a pattern of repeated, unwanted attention, harassment, and contact directed at a specific person that would cause a reasonable person to feel fear.

Offenders of Stalking

- Current or former intimate partners.
- Dates.
- Family members.
- Non-relative caregivers.
- Acquaintances.
- Strangers.

Offenders of stalking may or may not have prior criminal records and rarely have a mental illness. There is no one psychological or behavioral profile for stalkers.

Common stalking behaviors include but are not limited to:

- Following a person on foot or in a vehicle.
- Appearing at a person’s home, business, or other places the victim normally frequents (such as senior centers, places of worship, or medical offices).
- Making harassing or repeated phone calls.
- Leaving written notes, phone messages, e-mails.
- Repeatedly sending unwanted gifts (such as flowers) to the victim.
- Obtaining personal information about the victim without the victim’s permission.
- Vandalizing the victim’s property (disabling security systems, unscrewing outside lights, disabling vehicles).
- Filing change of address forms at the post office in the victim’s name in order to intercept mail.

Stalking in Later Life

A study reviewing data from the National Violence Against Women Survey found that older adults were almost as likely as younger people to be stalked. The study also found that women age 55 and older are more likely than men of the same age to be stalked. Most often the stalker is someone known to the victim and often stalking occurs as part of domestic violence in later life.
Many victims who are older or have a disability may not be believed if they report stalking, particularly if the victim has dementia or psychiatric disabilities. Others may not be believed because of the frailty or disability of the stalker.

**Effects on Victim**

Stalking may affect every part of a victim’s life. Many victims talk about the strain of constantly being on alert for the stalker or the next incident.

Other victim reactions include:

- Fear of what the stalker will do.
- Feeling vulnerable and unsafe.
- Not knowing whom to trust.
- Stress, nervousness, anxiety, depression.
- Eating, sleeping issues.
- Hyper-vigilance.
- Frustration or isolation because others do not understand why they are afraid.

**Challenges of Working These Cases**

Stalking is difficult to recognize, investigate, assess, and prevent for many reasons including the following:

- Stalking is not a single, easily identifiable criminal act like assault, robbery, burglary, and other crimes. Stalking is often a mix of criminal and non-criminal behavior.
- The impact of stalking on the victim—the fear it causes—is a key component of its legal definition. This affects the way the crime must be investigated and proven.
- In the context of domestic violence, investigation of stalking incidents may seem insignificant when physical violence is occurring.
- Stalking may be seen as something that only happens to younger individuals. Therefore, older victims may not be believed and professionals may believe the victims have dementia or mental illness rather than that they are being stalked.
- The stalker may commit criminal acts in different locations and may be under investigation in multiple jurisdictions.
POWERS OF ATTORNEY AND GUARDIANSHIPS/CONSERVATORSHIPS

Powers of Attorney, Guardianships/Conservatorships are legal mechanisms describing the appointment of another person to take over decision making for someone else. These are not licenses to steal.

Power of Attorney (POA): An instrument by which one person (the principal) transfers authority to make decisions such as medical care, end of life decisions, or financial management to another (the attorney in fact). The authority must be created while the principal has mental capacity and can be revoked at any time while having capacity. There is no court oversight of POAs.

Guardianship/Conservatorship: A mechanism by which a court grants certain powers to a family member, other individual, governmental agency, or institution to control the affairs of a person (ward) who is incapable of managing for him or herself. Courts generally require medical reports about the mental capacity of the proposed ward before appointing a guardian.

In evaluating any legal instrument, investigators should consider:
- What does this document authorize?
  - What are the limitations on authority?
  - When does it become effective?
  - Who has the authority to act?
  - Does it authorize gifts or loans to the person with decision making authority?
- When it was created,
  - Who created it?
  - What was the older adult’s cognitive function?
  - If created by the older adult,
    - What was the older adult’s understanding of what s/he was doing?
    - What were the surrounding circumstances?

Problems with Powers of Attorney (POA) or Guardianships that Investigators May Encounter in Elder Abuse Cases

- The requirements for signing are not met (e.g. victim’s lack sufficient mental capacity, state requirements for witnesses are not met, etc.).
- Victims are coerced or tricked into signing.
- Legal powers used after they have terminated.
- Legal powers used for purposes other than those for which they were intended.
- Property transferred to guardian or person with POA without authorization to do so.
- POAs or guardians use powers to give themselves gifts.
- POAs or guardians fail to carry out responsibilities (e.g. pay bills).

Investigating Financial Exploitation by Powers of Attorney and Guardianships/Conservatorships

- While most guardians and attorneys in fact carefully and properly execute their responsibilities, some are abusers.
- Presence of such instruments as Powers of Attorney or Guardianships/Conservatorships does not make the activity merely civil.
- Investigators should conduct an investigation to determine if criminal financial exploitation has occurred.
- An elder law attorney or accountant may be able to review the documents and help law enforcement understand what can and cannot be done.

In mandatory reporting states, it is likely that APS must be notified. Even if you are not mandated, consider making a voluntary report to APS – staff may be able to assist with the investigation or have expertise in understanding various documents.
INTERVIEWING CONSIDERATIONS: OLDER ADULTS

General Considerations

When possible, considering the following:

- Speak slowly and clearly, but avoid shouting and over-enunciating. Attempt to minimize distractions.

- Ask questions one at a time and do not rush the older adult to answer the questions. Give the older victim time to organize and collect his/her thoughts. Be patient in waiting for responses. Realize that silence does not necessarily mean s/he does not understand the question.

- Use plain language, avoid jargon and use short sentences. Be careful not to use a condescending tone.

- Be honest and forthcoming to the victim about confidentiality and mandatory reporting requirements to agencies.

- Avoid interviewing a victim with family or others present.

- If the victim is living in a facility, law enforcement should interview the victim away from the staff and other residents.

- Determine when is the best time of day for the older adult to conduct an interview and any follow-up interviews. Older victims may be taking medications or need to eat or sleep at certain times of the day.

- Plan for and be available for the necessary amount of time. Some interviews with older individuals take longer to complete. Investigators may need to conduct more than one interview to obtain the necessary information.

- Consider glare, noise and comfort so both of you are able to concentrate.

- Be sure the victim has any needed items, such as glasses, hearing aids or communication board, to conduct the interview.

- If using printed materials, or if the victim needs to sign any forms, consider having documents in large type.

- Convey the message to the older victim that the abusers are responsible for their own behavior. The offender’s use of abuse is unacceptable and not justified.

- Acknowledge the older victim’s fears, anxiety, anger, or ambivalence; validate the older adult’s feelings. Pay attention to your own body language and reactions, taking care to not appear to blame, accuse, or disbelieve the victim.

- Watch the victim’s body language. Reassure the older victim that cooperation is important and appreciated. The victim is not responsible for the prosecution of the suspect - that it is the responsibility of investigators and prosecutors.

- Older victims may not have the words to describe the abuse they have experienced. Asking about sexual abuse or marital rape may not result in a positive response. Asking if they have ever been forced to have sex or have
been forced to perform sexual acts that they are not comfortable with may result in a positive response from victims. Use the same words that the older individual uses for body parts and acts. Do not correct the older adult’s language.

**Beginning an Interview with an Older Adult**

- Begin the interview with general, non-invasive questions (“How are you feeling?”, “How would you like for me to address you?”, “I am sorry this happened to you.”) to show concern for the victim’s well-being and to help the victim relax.
- Build rapport with the older victim through questions about his/her interests, hobbies, pets, and likes and dislikes. Investigators can gather this information by looking for signs of a pet (food and water bowls, leashes, pet toys, etc.), photographs, magazines, and collectibles.
- Make sure the victim knows who you are, why you are there, and how the information will be used.
- For a younger investigator, the older person may feel the investigator does not have enough experience to be helpful. It can be useful to acknowledge the age difference and remind the victim that the investigator is there to help.
- Ask if the victim needs any accommodations to complete the interview, such as glasses, a hearing aid or breaks to take medications or eat.

**General Questions**

- Ask the victim’s name, address, phone number and who lives in the home for documentation. Whether or not a person can clearly answer these questions may provide some information about cognitive function.
- Ask “What do you do on a typical day?” This will help provide information about how much the victim gets out and who the victim sees.

**Initial Questions about Abuse**

- What happened?
  - Investigators should ensure they provide the older adult victim with ample time to answer and should try to not interrupt.
- When did this occur?
- Was anyone else involved? If so, how do you know this individual?
- Has this happened before?
  - Shows if there is a history of abuse.
- If investigators are unclear about anything the victim is recounting, investigators should ask more specific questions for clarification.
Closing the Interview

- Ask if there is anything else the older adult would like to add.

- Ask if the older adult has any questions for the investigators.

- Investigators should avoid abruptly ending an interview with an older adult. Instead, investigators should bring up topics discussed during the rapport-building stage of the interview.

- Reiterate that the abuser is responsible for the abuse and that services and assistance are available.

- Discuss safety planning options (e.g., what to do if the abuser contacts the victim, etc.) and provide resources.

- Thank the older adult, indicate what will happen next, and provide your contact information.

- Make appropriate referrals, such as APS, the aging network, or a domestic violence or sexual assault program.
**INTERVIEWING CONSIDERATIONS: CULTURE**

Cultural and generational values and experiences may impact how law enforcement conducts an interview. For example, families may be less likely to report abuse or cooperate with law enforcement for many reasons. Investigators should avoid making assumptions and generalizations about cultures and the older population and be aware of their own biases. Situations that may impact law enforcement’s interview include:

- Possible communication challenges if English is not interviewee’s first language.
- Older victims’ past encounters with law enforcement, either here or in another country, may impact the victim’s trust level of law enforcement.
- Investigators’ unintentional actions may be viewed as disrespectful to an individual’s culture or religion.
- Some victims may believe that family matters are private and therefore may be unwilling to disclose information to law enforcement.
- In some cultures, women may be viewed as property, or only male relatives are permitted to speak with females. This may impact interactions with female investigators as well as with victims and witnesses.
- In some instances, family finances may be considered community property, creating a challenge for law enforcement to prove exploitation.
- Some individuals may believe that nothing is worse than moving into a nursing home and will therefore be more hesitant about recounting occurrences of abuse to law enforcement.
- Reporting abuse to the police or social service agencies may result in ostracism or dishonor.
- As a result of the victim’s faith, the victim may accept the abuse as fate or destiny, which cannot or should not be altered.
- Abuse may not be defined as a problem of the individual but a problem of the community, calling for a different response.
- Victims may fear that they or their abusers will be deported if abuse is reported.
- There may be reluctance to have “outsiders” involved in internal family or community affairs.
- A community may have its own systems in place for handling problems among members. These include tribal councils, community elders or religious councils.

In order to better understand cultural and generational values and experiences that may impact the interview, investigators should ask questions, learn about the different cultures in their community, and learn about the music, movies, and culture of the generations of the older adults in their community. By explaining their actions, law enforcement can demonstrate respect for an older adult’s culture and attempt to prevent misunderstandings as investigators do their jobs.
INTERVIEWING STRATEGIES: COMMUNICATION ISSUES

Many victims of elder abuse are healthy and active and do not have significant disabilities or health issues. Functional abilities and limitations can affect interviews and investigations.

Consider the following strategies if communication is an issue during an elder abuse investigation.

- Ask the person whether he or she can understand what the investigators are saying and if there is another form of communication (i.e., writing answers, communication boards, computers, blinking) that would make it easier to communicate.
- Ask whether an interpreter is needed and what type.
- In some cases, using visual aids to communicate with the older victim may be helpful.
- Face the older adult so the older adult can observe facial expressions and lip and hand movements.
- Do not assume that because the older adult has hearing impairments that the older adult can read lips.
- Does the older adult know American Sign Language (ASL)? Be sure to use a certified interpreter if one is available. In order to obtain accurate information, an investigator should never use the caregiver, friends or family members as interpreters.

Written Materials

- Ask if reading glasses or other adaptive equipment would make it easier for the victim to see any written material.
- Ensure that what is written or drawn is in large print or enlarged image.
- Move what is written or drawn into a position where the older adult can see the material. Some degenerative vision impairments result in being able to see in the peripheral but not what is straight ahead. These vision impairments are also a reason some older adults may not look directly at an investigator.
- Offer to fill out forms and read aloud written information for victims. Explain what printed materials you are providing and make those materials available—as is legally required, with few exceptions, by ADA and Section 504—in alternative format, including large print, audiotape, computer diskette, and Braille, on request.
Tips on Using Focused, Open-Ended Questions

Too often when reconstructing an incident, the questions focus on details of where, when, who, what, and how. Open-ended questions may present challenges for people with cognitive limitations or dementia, but it is even harder when they are asked to pinpoint details when there are many to sort through. Organizing what they remember into these categories is extremely difficult.

When it comes to “reconstructing the circumstances” of an incident, victims with cognitive limitations, including dementia, may have trouble sequencing events, knowing the exact hour and day something happened, or answering complex questions about the incident. Use focused open-ended questions as a strategy to gather information from these victims without leading them.

- Establish the victim’s daily routine without asking about the incident. This will help sequence and time the events so you can then ask whether details of an incident happened before or after a specific daily event (such as getting up, showering, eating breakfast, catching the bus to go to work, watching TV, and so forth). Check exact times and sequence with a trusted friend, relative, caregiver, or facility staff person.

- Construct each subsequent question building on what the victim has already told you. Since victims with cognitive disabilities can be easily led, it is important not to unintentionally introduce new words or concepts in questioning. Use the victim’s exact words and phrases. If she tells you that, after she woke up, she “combed my teeth,” make sure you use that exact phrase when building on the victim’s information to construct your questions.

- Another way to simplify a conversation is to switch from “retrieval” questions to “recognition” questions. As individuals age, they may have difficulty remembering specific words for an object or occurrence (aphasia), and some individuals with cognitive disabilities may have trouble finding the words to describe what they do.

- In these instances, an investigator can ask the older adult victim if she can draw or show the object or what happened, or investigators can ask process of elimination questions. If investigators believe they know the word the older adult is looking for, they should not say that particular word.

- Investigators should ask more specific questions, rather than broad questions as a method to help the older adult to grasp a larger concept by addressing components individually, and then tying the pieces together.

- Listen patiently and redirect as needed if the older victim digresses. Use memory cues such as “What were you doing before this happened?”
Do not discount the alleged abuse simply because the victim has made statements that seem untrue or the result of delusions (i.e., the CIA is watching me or aliens have taken me to their planet). Take statements of abuse seriously and believe what the older adult has said about the abuse unless the evidence proves differently. Be aware that even if the evidence or statements others are providing do not support the allegations, the abuse may still have occurred.
WHO TO INTERVIEW

Who to Interview on the Scene if Possible

- The victim
- Potential suspect
- Others present at the scene
- Others who live in the home
- Other residents, if in a facility setting
- Neighbors, relatives, friends
- Professionals, including EMTs, paramedics, nurses, doctors, facility staff, and APS and social workers
- Possible witnesses

Possible Follow-Up Interviews May Include:

- Bank and brokerage officials where the victim and suspect currently or formerly have/had accounts to help identify prior spending patterns and any changes
- Accountants and financial advisors with knowledge of the victim’s assets, spending patterns, and degree of financial expertise
- Lawyers who have advised the victim and the suspect and who may be aware of changes in wills or advanced planning documents or the execution of a recent power of attorney
- Adult protective services, health and human services and case managers
- Medical/mental health professionals/pharmacists who have knowledge of the victim’s history
- Service providers such as hairdressers and barbers, dry cleaners, mail carriers, meter readers, or local restaurants with knowledge of the victim, including behaviors and level of functioning over time
- Employers and clergy to describe the victim’s past behavior patterns as well as recent losses and changes in health, socialization or living situation
- Retail professionals such as car dealerships or jewelers where significant purchases have been made
- If suspect is a licensed professional, experts in the same field to analyze and advise on the profession’s standard of practice, appropriate professional conduct, ethical principles, and relevant rules for dealing with clients
- Experts to analyze case facts, suggest areas of investigation, and testify
- Other care providers if there is more than a single caregiver
- If a paid caregiver is involved, the agency that hired the caregiver
- If case is reported to law enforcement or APS, anyone who contacted the agency if that information is legally available
SAMPLE QUESTIONS: VICTIM

Physical Abuse

- What happened?
- How did you receive the injury?
- When did you receive the injury? For how long have you had the injury?
- Do you have any injuries that are not visible?
- How would you describe the suspect’s temperament?
- Who was here?
- Who has access to your home?
- Are you taking any medications?
- What did the suspect say during the altercation?
- Has this ever happened before?
- What did you think was going to happen? Why?

Neglect

- How do you get to your appointments?
- How do you get to the store for groceries?
- What medications do you take? Does someone give you the medications when you need to take them? Who helps you sort out what to take and when?
- How do you get your prescriptions?
- Who handles your finances?
- Do you have any friends or family who live nearby? How often do you see them?
- What did you eat and drink today?
- Does anyone help you at home? If so, who?
- Do you pay that person to help you? How much? How often?
- Do you have an agreement with him that he will inherit any part of your estate? Is his name on the title to your house, car, or other property?
- Do you have any advanced directives?
- Do you have a will? When was it written?
Stalking

- Do you know who has been (following you, sending messages, etc.)?
- Have you had a relationship with this person? How well do you know her/him?
- Does this individual have access to weapons?
- How have these incidents affected you? How do they make you feel?
- Are you afraid?
- Have there been any threats?
- How often has this been happening? Have the incidents increased?
- Do you have any dates written down?
- Have you told others about this?
- Has anyone else seen these incidents?
- Has the suspect contacted anyone close to you to get information about you?
- Have you changed your routine because of the incidents?
- Have you moved, changed phone numbers, bought pepper spray, etc.?
- Do you have the letters, gifts, e-mails, etc.?
- Do you have a plan for your safety?

Sexual Abuse

- What happened?
- Did you want to participate in these sexual activities?
- Do you know the person who did this to you?
- Has this happened before?
- Where are you hurt?
- Did he or she say anything before, during, or after the incident?
- Did the suspect make any threats regarding this incident?
- Were there any witnesses?
- Determine the victim’s capacity and ability to consent to sexual activity.
- Have you had a medical exam/SANE exam? Would you like to go to the hospital?
- Do you want a sexual assault victim advocate?
- Is there anyone you would like us to contact for you?
- Do you have a guardian?
Financial Exploitation

- How do you decide how to spend your money? For giving gifts? To whom have you previously given items of value? On what occasions?
- Have you signed anything you did not understand? Details?
- What is your educational background? Any jobs or professional positions?
- Do you have a will? Any recent changes to it? Why? Were there changes to the people who are to receive bequests? The amount they were to receive? Any new beneficiaries? What has your relationship been to the people in the first will? What changes have there been?
- Have you always managed your finances? If not, who did? When did you begin managing your financial affairs? Do you find it difficult? Has anyone offered to help you?
- Do you live on a fixed budget? Do you have concerns about having enough money to last for your lifetime? To provide inheritances? For whom? What advanced planning have you done? Who assisted you with those plans? Are there written documents? Where are they?
- Have you changed your plans? If so, in what way? When? Why? Did someone suggest that you make those changes? Did you consult your attorney/financial advisor or a professional in making the changes? Was it the same professional who helped with the original documents? If not, is there a reason you went to someone else? Who suggested the new professional to help you? Did someone drive you to the meeting where the new documents were prepared? Who witnessed the signing? Who was present during the meetings with the professional? Who paid for the professional’s services? Did anyone explain what the changes meant? What do you understand them to mean?
- Where do you bank? How long have you banked there? Have there been any changes to your bank accounts? Any names added to the account? Any new accounts opened? Where are monthly statements sent? Have you checked the statements recently? How much money is in your checking account? Savings? IRAs? Other accounts? If there have been changes, who selected the new bank? Did anyone drive you to the bank to make the changes?
- Have you executed a power of attorney? Who have you designated to be your decision maker? Did you have another POA? Who was the decision maker in the earlier POA? Why did you make the change? Who suggested it? Who drafted it?
SAMPLE QUESTIONS: OFFENDER

Be aware that interviewing the offender may increase the danger for a victim. During the investigation and while interviewing the offender, investigators should continually assess for the level of danger.

Physical Abuse

- How do you know the victim?
- What happened?
- Do you live here?
- How did the victim receive the injuries?
- Do you have any injuries? If so, how did you receive your injuries?
- How much time do you spend here?
- What do you think the victim's explanation is going to be?
- Has this happened before?
- Do you think what happened was an accident?

Neglect

- Who is the victim's caregiver?
- Do you get paid for caring for him/her? How much?
- What are the terms of your agreement? Is it in writing?
- What do you get in return for caring for him/her? Are you expecting to get anything more when the victim dies?
- What does the victim do for him/herself? What does s/he need assistance with?
- How often do you visit the victim?
- How does the victim spend a day? What do they do? Who do they see/have contact with?
- Does the victim receive any other services?
- Does the victim take any medications? What are they? Who picks them up? Who helps the victim figure out what to take and when?
- Do you know what the victim ate today?
- Who buys his/her groceries? How does that person get the money for the groceries?
- Do you have any concerns about the victim's mental capacity? Why or why not?
- Has the victim ever refused medication? Explain.
• Has the victim ever refused to go to the doctor or hospital? Explain.
• Have you ever received instructions from the victim’s medical provider about his/her care needs?

**Stalking**

• How do you know the victim?
• What do you know about the victim?
• Have you been contacting the victim? If so, how often?
• Have you been sending the victim presents?
• Where were you (during times of incidents)?
• Have you ever had a restraining order filed against you?
• Have you ever violated one of these orders?
• Do you have any convictions for restraining order violations?

**Sexual Abuse**

• Tell me in your own words what happened.
• Were there any witnesses?
• What is the victim going to tell me happened?
• What is your relationship with the victim?
• What are your caregiving responsibilities? (if providing care)
• Are you the only person that provides care to the victim?
• Do you care for anyone else?

**Financial Exploitation**

• What is your relationship with the victim? For how long? How did it begin?
• Does the victim need assistance with financial matters? Other parts of his or her life? Have you helped the victim with these matters? How? Has the victim discussed financial matters with you? Who completes the victim’s checks?
• Are you a joint account holder on any of the victim’s accounts?
• Are you employed? Does the victim pay you to assist him or her?
• What training or experience do you have in financial matters? (where relevant)
• Where does the victim bank? Does s/he have brokerage or investment accounts? Have there been any changes in these? If so, how did the changes come about?
Regarding each transaction, describe how it occurred. What did the victim say or do about them? Are there any other persons who may be able to confirm this information?

Do you have any legal authority to act on the victim’s behalf, such as a power of attorney or guardianship?

Have you made purchases for your own benefit with the victim's money or assets? Did the victim agree or consent? Describe.

**Undue Influence**

- How often does the victim see family and friends? Who?
- Has the victim sustained recent losses or changes in health?
- Does the victim watch the news? Listen to the radio? Read a newspaper?
- Does the victim regularly attend activities outside the home? Are you usually present?
- What upsets or frightens the victim?
- How do you assist the victim when s/he is upset or frightened?
- Have you encouraged the victim to make gifts or purchases, or investments? Describe. In these instances, were decisions made promptly? Did the victim talk to his or her own accountant or advisor or family member? Were you present?
SAMPLE QUESTIONS: NEIGHBORS, WITNESSES, AND OTHERS

Physical Abuse

Keep in mind the tips discussed during the interviewing segment regarding disabilities, cultural and generational values.

- How well do you know the victim, suspect, or both?
- How would you describe the relationship between the victim and the suspect?
- Have you witnessed any physical abuse or injuries?
- Who comes to the victim’s house?
- Is the victim receiving any services?

Neglect

- Who does the victim live with?
- What do you know about the victim’s health? Finances?
- Who are the victim’s children? Close friends? Visitors?
- Who do you see visiting the victim, if anyone? How often?
- Do you ever see the victim leave the home? When was the last time?
- Who is the victim’s caregiver, if anyone? Do you ever talk to this person about concern for the victim’s well-being? What was his/her response? Ever see him/her leave the house with the victim? How often?
- Have you ever gone to the victim’s home? What did you observe?
- Ever call 911? Ever try to help in any other way?
- Does the victim receive any services from any agencies?

Stalking

- Have you noticed any changes in the victim’s behavior or habits?
- Have you noticed anything unusual occurring at the victim’s house?
- Do you know who is doing this to the older adult?
- What has the relationship history been between the victim and suspect?

Financial Exploitation

- Has the victim suffered a personal, financial, or other loss?
- Is the victim ill? Have there been any recent changes in health status?
• Is the victim depressed? Is there any history of mental illness, including depression?
• Is the victim isolated? In what ways? By whom?
• What is the relationship between victim and suspect? Has it changed over time?
• How does each party characterize the relationship?
• Is the victim “different” since the suspect entered the victim’s life?
• Does the victim engage in the same activities as before the suspect entered the relationship?
• Is the victim seeing the same visitors and family as previously?
• What relationship did the victim previously have with family members?
• Have you noticed any changes in the victim’s behavior?
• What did you see?
• What caused you to be concerned and to report this incident?
• How did you get this information?
• Did you witness any of the reported incidents?
• Are you worried that providing information may affect (employment, friendship, safety)?
• Is there anyone else who has regular contact with the victim with whom we should talk with?
## CHALLENGES AND STRATEGIES
### WHEN INVESTIGATING ABUSE AND NEGLECT IN FACILITIES CASES

<table>
<thead>
<tr>
<th>POTENTIAL CHALLENGE</th>
<th>POSSIBLE STRATEGY TO OVERCOME</th>
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<tbody>
<tr>
<td><strong>VICTIM ISSUES</strong></td>
<td></td>
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<tr>
<td>Victims may have significant physical and cognitive barriers that make it difficult to recognize they have been victimized, to report, and to be believed.</td>
<td>Build case like a homicide – using the physical evidence and statements of others so the victim does not need to be relied on.</td>
</tr>
</tbody>
</table>
| Victim is afraid to report due to repercussions. | If staff or another resident is the abuser, work with APS to see if another facility placement is an option.  
If a family member is the abuser, consider contacting an advocate to work with the victim on safety planning options.  
Consider the safety of other residents and staff. |
| **STAFF/FACILITY ISSUES** |                             |
| Delays in reporting. | Collect as much evidence as possible.  
If possible, build relationships with the administration and staff so calls come earlier in the future. |
| Facility or staff fail to report or attempt to cover up abuse. | Work with government regulatory agency to gather information. |
| **INVESTIGATION ISSUES** |                             |
| Report goes to another agency* first. | Work with other agencies that may have gathered evidence prior to the call to law enforcement.  
Consider cross-training with other agencies like APS and regulatory boards to build collaboration. |
| Evidence is lost or destroyed. | Identify all crime scenes, including the victim.  
Document everyone who may have had contact with the victim over a 24 hour period (or longer if the facts support abuse at an earlier time).  
Following proper search and seizure guidelines, conduct a crime scene investigation in all the areas that may have potential evidence. Do not limit your search to the room where the abuse was alleged to have occurred.  
Following proper guidelines obtain necessary documents such as shift staffing records, employee work and personnel records, victim medical records, etc. |
| Increased number of potential suspects. | Allow time for a thorough investigation. |
| Temporary staff employed by facility settings. | Obtain name of staffing agency and staff schedules. |

* **Other Potential Agencies or Individuals Involved:**
  - US Dept of Justice (DOJ)
  - US Dept of Health and Human Services (DHHS)
  - Center for Medicaid and Medicare Services (CMS)
  - Office of Inspector General (OIG)
  - State Attorney General’s Office
  - District Attorney’s Office
  - State Regulatory Agency for Long Term Care
  - Ombudsman
  - Adult Protective Services
  - Private Attorney*
ABUSE IN FACILITY SETTINGS: INTERVIEWING

When Planning an Interview in a Facility, Consider the Following:

- There are more potential victims, witnesses and suspects than in some other cases.
- More than one form of abuse may be occurring, so look for evidence of various forms of abuse.
- Fear of retaliation or being moved or fired may impact what the victim or staff report.
- Other agencies may already be investigating the case or will join the investigation.
- Evidence may have been accidentally or intentionally tampered with or destroyed.
- The facility may fear regulation enforcement consequences or civil liability and may be uncooperative as a result.

Who to Consider Interviewing

- The victim.
- Roommates and other residents or visitors.
- Family members, friends (including person who pays resident’s bills).
- Employees who were on duty when the alleged abuse occurred, such as housekeeping staff and food servers.
- Other service providers who have information about the client.
- Resident or family councils.
- Other regular visitors including church or other religious group visitors, persons and paramedics who transport residents to the hospital.
- Regulatory agency that oversees the facility.
- Facility Administration
Sample Questions May Include but are Not Limited to:

The Victim

- Who have you had contact with in the last 24 hours?
- Who has provided care (includes dietary staff, therapists, medical, day and night staff, etc.)?
- Describe the incident.
- Has this happened before? Happened to anyone else you know of?
- Was it reported? To whom?
- If so, what were the results?
- Are you afraid of reporting? Why?
- Have you changed clothes? Bathed? Linens changed?
- Who is the first person you told?
- Are you injured and where do you hurt?

The Suspect (be mindful of Miranda issues)

- What are your duties?
- What is the nature of your relationship to the victim?
- How long have you known the victim?
- What has been your contact with the victim in the last 24 hours (or longer if necessary)?
- Who else has had contact with the victim?
- Tell me what happened. Anyone who can confirm this?
- Ask about training, relevant experience in job, and prior employment.
- What instructions did you receive about the patient (victim) today/recently?
- What is the patient’s medical/cognitive situation?
- Can you help me understand how the patient got injured? (Use relevant facts—do not mention the patient as the source of the information)
- What did the care plan require?
- What are the facility policies and procedures?
Others

- Get information from staff about the victim’s medical and cognitive condition (including daily activities, meals, programs, visits, etc.) Determine if there have been any changes in the established patterns and over what period of time.
- Interview other staff members who have had contact with the victim over the period of time covering the possible abuse.
- Ask family members about their observations of the victim and staff.
- Ask about interaction between the victim and suspect.
ABUSE IN FACILITY SETTINGS: EVIDENCE COLLECTION

The information that facilities must maintain on residents is dictated by state and federal law and varies by the type of facility. In reviewing resident’s records, look for:

- Incomplete records.
- Changed records.
- Evidence of who did charting.
- Unexplained declines in patient’s health and cognitive status.
- Failure to respond to patient’s daily needs.
- Failure of facility to follow the patient’s plan of care.
- Changes in patient’s behavior.
- Facility failed to respect resident’s rights with respect to decision-making.
- A facility’s or resident’s records do not match what investigators see (e.g., a record says that a patient is receiving certain medications but the toxicology screen is negative for the medication).
- Patient’s medical records from other providers including records from hospitalizations, emergency room visits or paramedic reports.
- Visitor logs and staff schedules to determine who has had access to an abused resident.

Obtain a release from the victim or the surrogate to obtain medical records, incident reports, etc. and to talk to others. If the victim lacks capacity, has no guardian or other responsible party, or if the responsible party is the suspect or is unwilling or unavailable to assist, contact the long-term care ombudsman program (LTCOP) or APS for assistance in securing information. In some instances, a subpoena or search warrant may be required to obtain this evidence.

- Check the backgrounds of suspects who are employees, including:
  - Human resource files for past complaints, incident reports, disciplinary action, etc.
  - Criminal background checks.
  - Abuse registries.
  - Prior employers.
• Collect evidence to establish the facts of single or multiple incidents of abuse.
  o Schedule of shifts (also called “assignment log,” “Director of Nursing’s schedule,” or “roster”).
  o Incident reports.
  o Time cards.
  o Previous reports of abuse by the current victim.
• Previous reports of abuse by others.
• Document any injuries to the victim (including complaint of pain areas).
• Collect physical evidence such as:
  o Anything that could have been used as a weapon or a restraint.
  o Bedding and clothing.
  o Arrange for collection of biological evidence, including blood, semen, and urine samples.
  o Photos of rooms and facility.
Records such as time sheets, medical records, nurse’s records, individual care plans, work schedules, pool staff work schedules and contact information, daily staff assignment log and medication log.
Resources and Websites

The following list represents a partial list of possible resources for information, support or services in Elder Abuse cases:

Administration on Aging (AoA)
U.S. Department of Health and Human Resources
Administration on Aging
200 Independence Avenue, SW
Washington, DC  20201
(202) 619-0724
www.aoa.gov

American Association of Retired Persons (AARP)
601 E Street, NW
Washington, DC  20049
(888) 687-2277
www.aarp.org

American Bar Association (ABA)
Commission on Law and Aging
740 15th Street, NW
Washington, DC  20005-1022
(202) 662-8692
www.abanet.org/elderly

American Society on Aging
833 Market Street, Suite 511
San Francisco, CA  94103
(800) 537-9728
www.asaging.org

Clearinghouse on Abuse and Neglect of the Elderly (CANE)
University of Delaware
Department of Consumer Studies
Alison Hall West, Room 211
Newark, DE  19716
(302) 831-3525
www.cane.udel.edu
Older Women’s League (OWL)
1750 New York Avenue, NW, Suite 350
Washington, DC 20006
(202) 783-6686 / (800) 825-3695
www.owl-national.org

Senior Action in a Gay Environment (SAGE)
305 Seventh Avenue, 16th Floor
New York, NY 10001
(212) 741-2247
www.sageusa.org

Stalking Resource Center
2000 M Street, NW, Suite 480
Washington, DC 20036
(202) 467-8700
www.ncvc.org/src/Main.aspx
Notes