SAFE
(Safe Accessible Forensic Interviews for Elders)

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Introduction and Purpose

Elder Abuse

Elder abuse can manifest itself in many ways:

- An older parent isolated and neglected by an adult child or caregiver;
- Domestic violence by a partner (long-term or new),
- Sexual assault by a stranger, caregiver, or family member;
- Abuse or neglect by a partner with advancing dementia;
- Financial exploitation by a stranger, trusted family member, or professional; or
- Systemic neglect by a long-term care provider

Trauma-Informed Approach

- Trauma
  - Event
  - Series of Events
  - Set of Circumstances
- Up to 90% of older adults have experienced at least one traumatic event
- Always use a trauma-informed approach

Strength-Based Perspective

- Focus on:
  - Positive Traits
  - Resiliency Factors
  - Fostering Trust
  - Mutual Respect
  - Reducing Power Differential

Elder Abuse Definitions

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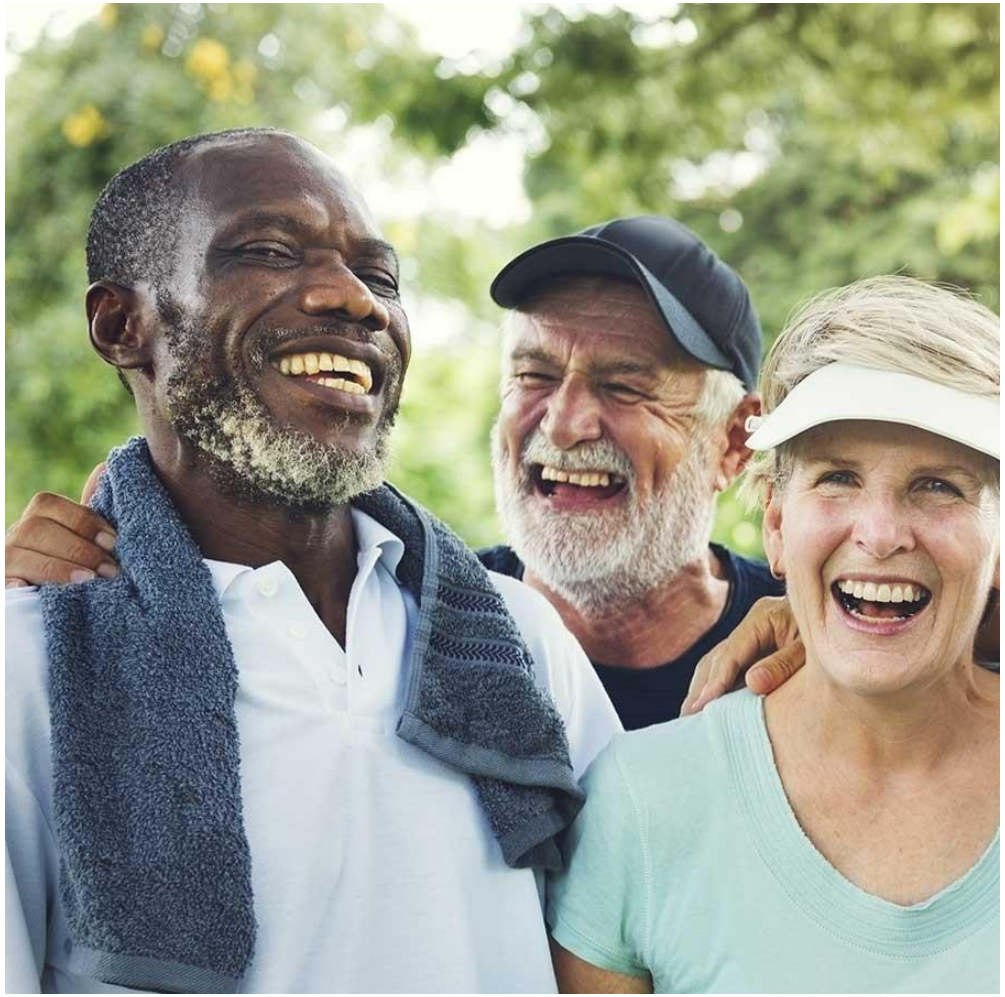
Elder Abuse

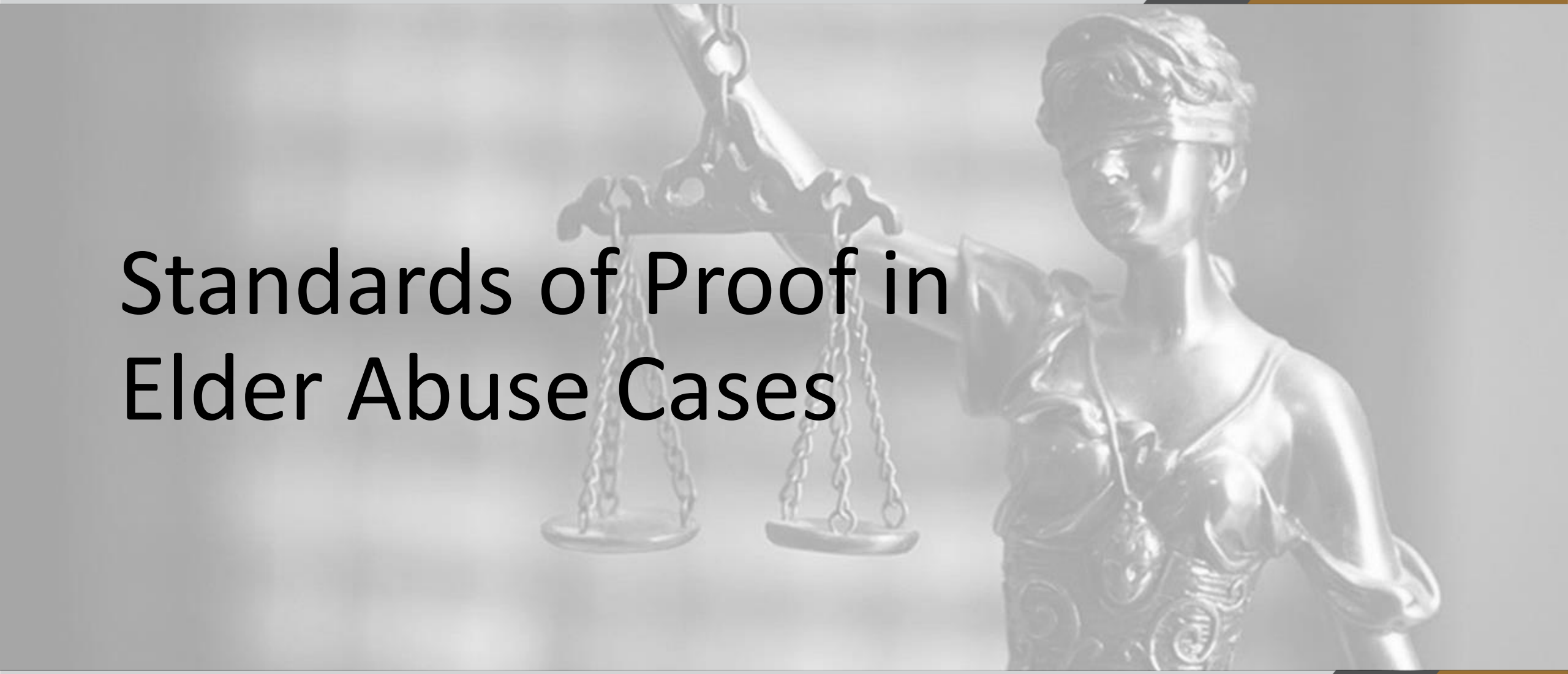
- Definition:
  - Some injury, deprivation, or dangerous condition has occurred to the elder person and
  - Someone else bears responsibility for causing the condition or failing to prevent it
- Responsible person:
  - Intimate partner
  - Family member
  - Caregiver
  - Person with fiduciary relationship



Elder

- Definition:
  - 60+
  - 50+
  - 50-55
  - 65+
  - 18+ with a disability that makes them vulnerable or dependent

- Dependent on jurisdiction, culture, agency, etc.



Standards of Proof in Elder Abuse Cases

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Standards of Proof

- Reasonable suspicion: standard that should exist to report elder abuse/start an investigation
- Preponderance of the evidence: standard of proof typically met for the founding of an allegation.
- Clear and convincing evidence: depending on local laws, is the standard of proof to be met in cases requiring civil interventions such as guardianship or a restraining order.
- Beyond a Reasonable Doubt: standard of proof to be met to convict someone of a crime.

Understanding Elder Abuse

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Forms of Elder Abuse

- Physical
- Sexual
- Neglect by Caregiver
- Financial
- Scams
- Emotional/Psychological
- Multiple Events/Polyvictimization

Settings

- Home
- Long-term care facilities

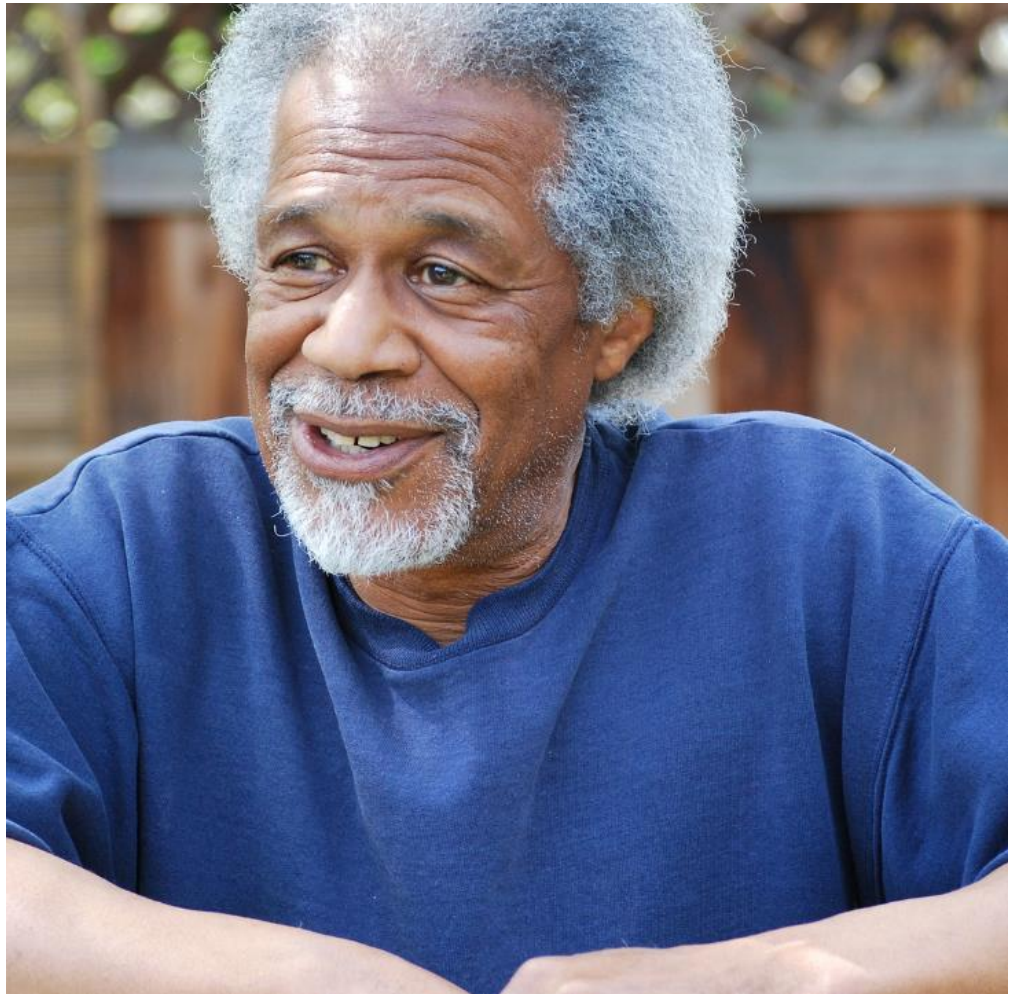
Long Term Care Settings

- Resident abuse is within the jurisdiction of the state's survey and certification entity (with federal oversight) and the Medicaid Fraud Control Units.
- State entities typically housed in the state's Office of the Attorney General.
- The Long-Term Care Ombudsmen program provides advocacy for residents but does not conduct investigations.
- Approximately half of APS programs have jurisdiction in long-term care settings.

Long-term Care Settings: Abuse

Known forms that elder abuse takes in long-term care settings include:

- **Seclusion**
- **Withholding medication**
- **Over medicating**
- **Resident to resident aggression**
- **Under-treating pain**
- **Chemical or physical restraint**
- **Poor hygiene**
- **Skin lesions**
- **Dehydration**
- **Malnutrition**
- **Pressure ulcers**
- **Urine burns and excoriation**
- **Contractures**
- **Delirium**
- **Vermin infestation**
- **Accelerated functional decline**



Competency, Capacity and Consent

- Competency
  - Legal determination by court
- Capacity
  - Clinical term describing a person's abilities
- Consent
  - Fluid-changes day to day and moment to moment

History of Elder Abuse

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1960- 1980

- 1961-The White House Conference on Aging recommended a multidisciplinary effort to protect vulnerable older adults.
- 1962-Amendments to the Social Security Act authorized funding to states to develop protective services units.
- 1975- The terms “granny bashing” and “granny battering” started in the U.K.

1981-2000

- 1987-Amendments to the Older Americans Act expanded the definition of elder abuse beyond neglect and physical abuse to include sexual abuse, emotional/psychological abuse, abandonment, and financial exploitation.

- 1990s-States began to pass laws that criminalized the abuse and neglect of older adults including sentence enhancements.

2000-Present

- 2002- The Elder Justice Act was introduced.
- 2010-The Elder Justice Act was passed.
- 2017-The Elder Abuse Prevention and Prosecution Act became the first significant piece of federal legislation to embrace the forensic issues involved in addressing abuse.
- Today-Law enforcement and APS are working together to develop best practices to pursue both civil and criminal remedies, when appropriate, to provide justice for older adult victims.

Statistics & Incident Rates

Statistics

- In 2018:
  - More than one in every seven people in the United States was 65 years of age or older
  - More older women (29.1 million) than older men (23.3 million)
  - Nearly 10% of older adults lived below the poverty level

- Racial and ethnic minority populations have increased from 19% of the older adult population to 23% of older adults, with a projection of reaching 34% of older adults by 2040.

(Administration for Community Living, 2020)

Incidence Rates

- 2017-52 studies in 28 countries, estimated that 15.7% of people aged 60 years and older were subjected to some form of abuse over the past year.
- The breakdown of reported abuse by type:
  - Psychological abuse 11.6%
  - Financial abuse 6.8%
  - Neglect at 4.2%
  - Physical abuse 2.6%
  - Sexual abuse 0.9%

(World Health Organization, 2021)

Incidence Rates

In the United States:

- Financial exploitation by a family member-5.2% of older adults
- Neglect-5.1% of older adults
- Psychological Abuse-4.6% of older adults
- Physical abuse-1.6% of older adults
- Sexual abuse-.6% of older adults

(DOJ, 2020)

Under-Reporting

The New York State Elder Abuse Prevalence Study (2021):

- 24 unreported cases of abuse for every reported case
- The same report found:
  - Neglect (1:57)
  - Financial (1:44)
  - Physical/Sexual (1:20)
  - Emotional (1:12)

(DOJ, 2020)

Impact of Elder Abuse

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Physical Health Impacts

Immediate Impacts

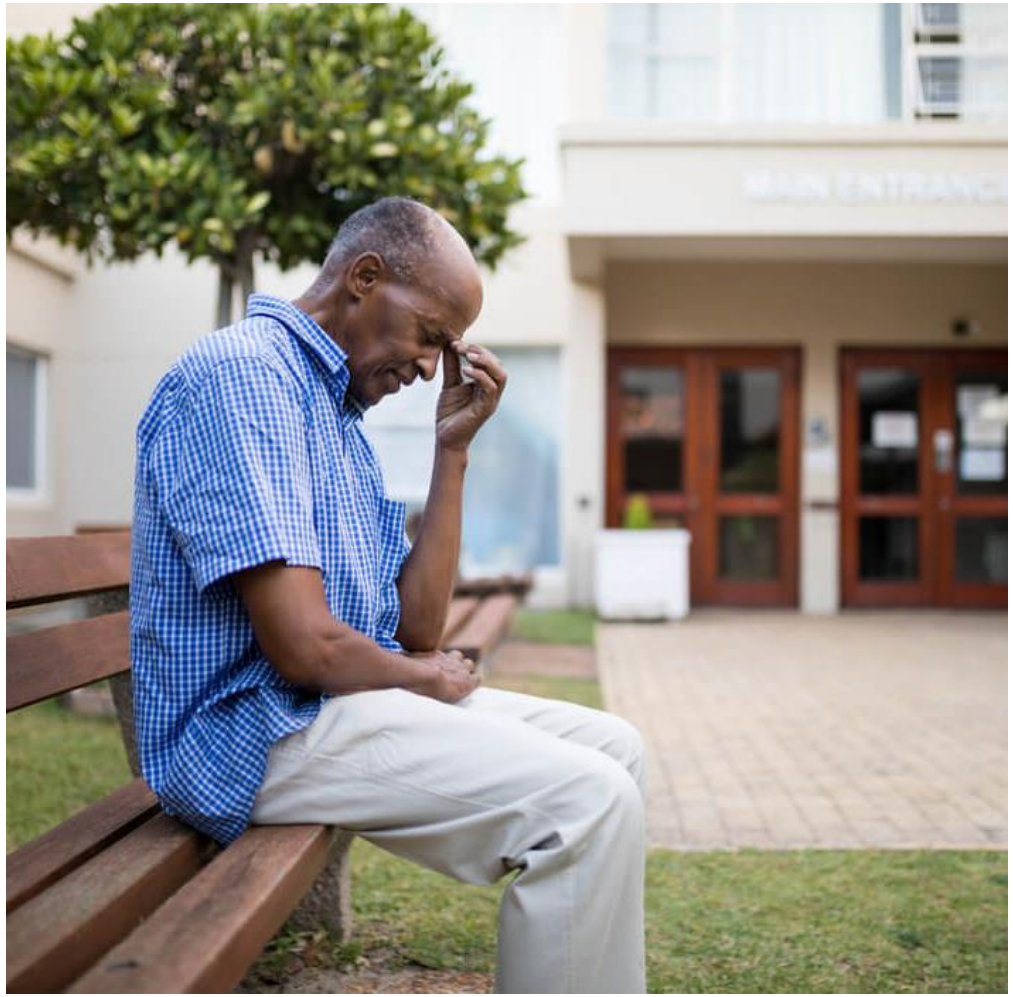
- Abrasions
- Lacerations
- Bruises
- Burns
- Fractures
- Head injuries

Long-Term Impacts

- Skin breakdown
- Infections
- Bone/Joint problems
- Digestive problems
- Chronic Pain
- Heart problems
- Premature death

Psychological Health Impact

- Depression
- Anxiety
- PTSD
- Lack of social supports



Financial Impact

- Medical expenses
- Community services
- Justice systems
- Institutional settings
- Care expenses

Implications for the MDT

Physical conditions or needs that require accommodations

- Medication administrations considerations
- Room for assistive devices
- Comfortable seating

Psycho-social needs

- MHD awareness and additional supports made available
- Recognition of dependency on the offender as a cause for self blame and reluctance to report abuse

Biases & Assumptions

Class Activity: Bias and Assumptions

Case Synopsis:

- Jenny is the reported victim of domestic violence. The police report indicates the argument began when she accused her husband, Marty, of having an affair. Jenny reports that Marty said she was “crazy”, and he became angry. Marty tried to embrace her; she pushed him away and told him to stay away from her. Marty came toward Jenny in an aggressive manner, pushed her backwards into a wall and then began to strangle her. Jenny reports that she saw stars and then things went dark. The next thing she knew she was lying on the floor.

- You are conducting an interview with Jenny. She tells you that her brain feels like scrambled eggs and her mind is a blank, she is 25.

Ageism

"The stereotyping and discrimination against individuals or groups on the basis of their age" (World Health Organization)

- Common stereotypes of aging:
  - All older adults will get dementia
  - Older adults are not sexually active
  - Older adults are set in their ways
  - Older adults are not capable of learning new information
  - Most people end up in a nursing home
  - Older adults all act alike
  - Older adults are irritable and angry
  - Older adults are not tech-savvy

Ageism: Implications

Negative stereotypes can influence professional behavior.

- Younger adults often change their speech patterns when talking with an older adult (Corwin, 2018).
  - Condescending and patronizing language pattern or
  - Begin to speak loudly and slowly.
- Such behavior can create numerous barriers to an effective interview
- Recognize that many older adults are:
  - Resilient
  - Have dealt with numerous life changes
  - Survived trauma

Older Adults & Abuse Dynamics

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Older Adult Victims

- Diverse group
- Continuum from independent to highly dependent
- Varying levels of independence
- Bring rich life experiences
- Life-long problem solvers

Elder Abuse Dynamics

A small percentage of elder abuse cases are reported

- 2018-states received 1.7 million reports of adult maltreatment
  - 45% were accepted for investigation
  - 52.7% were referred by APS
  - 10.7% were referred by relatives
  - 5.2% were self referrals

Elder Abuse Dynamics

- Inability to report
  - Cognitive limitations
  - Physical limitations
  - Lack of telephone or other means to report
  - Isolation
  - Abuser tactics
- Victim's fears
  - Looking foolish
  - Fear of publicity
  - Loss of independence
  - Not being believed
  - Losing support
  - Further harm or abuse
  - Retaliation
  - Deportation

Risk Factors for Abuse

- Gender
- Race
- Marital status
- Relationships/prior abuse
- Health and dependency
- Social isolation
- Low supports
- Income
- Age prejudice

Implications for the Interview

- Interviewees may:
  - Be reluctant
  - Recant
  - Self-blame
  - Minimize offending behaviors
  - Defending or protecting the offender

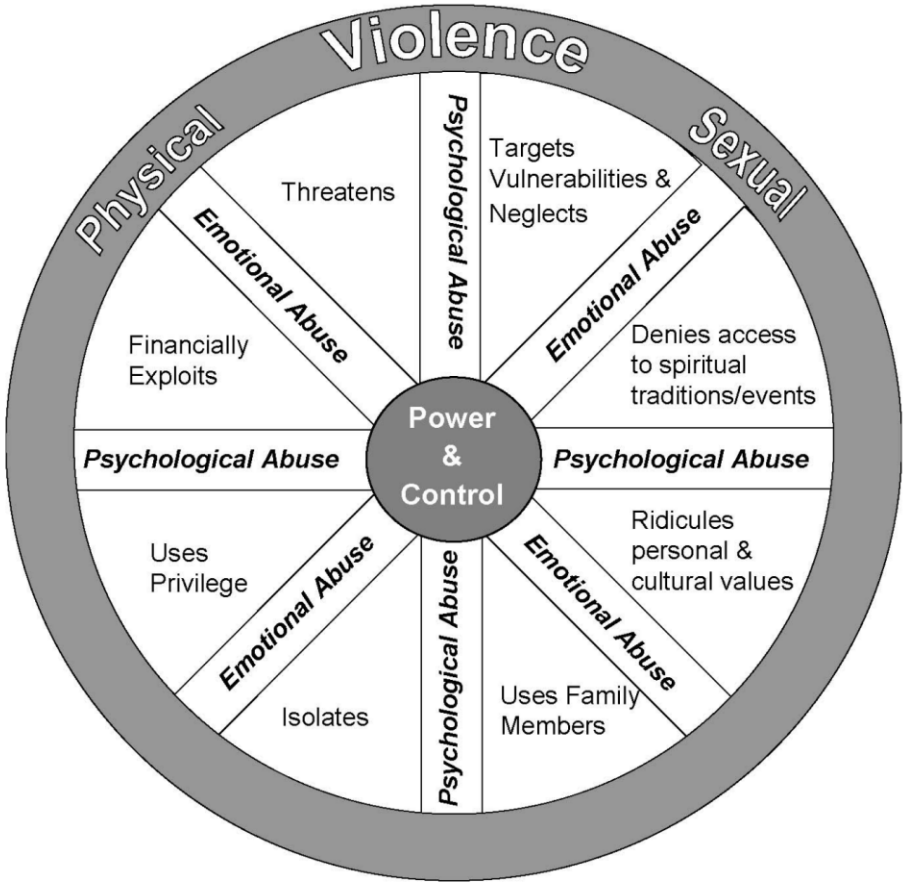
Perpetrators

- People in ongoing and trusted relationships
  - Intimate partners
  - Family members
  - Caregivers
  - Friends
  - Faith leaders
  - Cultural leaders
  - Fiduciaries

Perpetrator Tactics

- Power and Control
  - Threats
  - Intimidation
  - Economic control
  - Emotional abuse
  - Use of children
  - Isolation
  - Physical/sexual violence

Abuse in Later Life Wheel



Perpetrator Tactics

- Undue Influence

  "Excessive persuasion that causes another person to act or refrain from acting by overcoming that person's free will and results in inequity."

The Aging Body

The Aging Body

- Pre-Interview Considerations
  - Consult with medical staff
  - Medications
  - Care needs
  - Level of supervision
  - Length of interview
  - Location of interview
  - Body position

Biological Changes

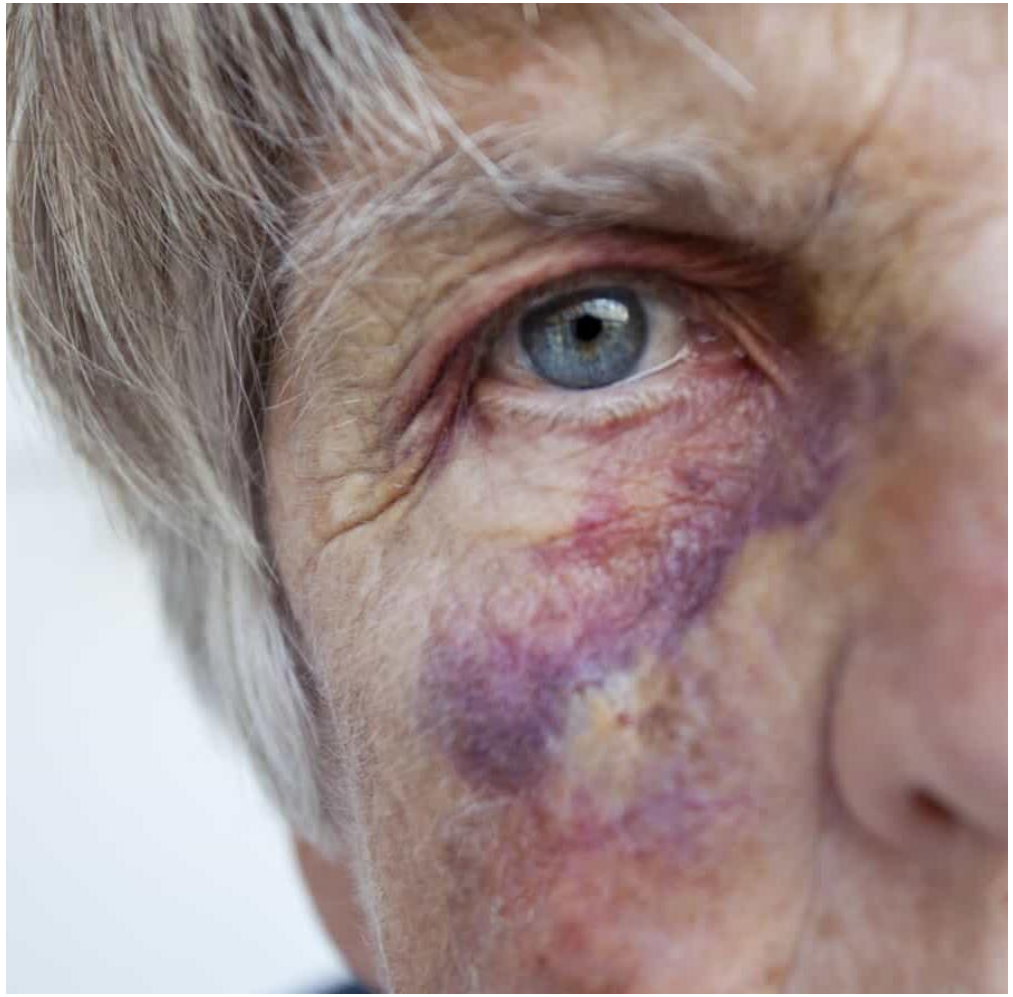
- Vision
  - Reading materials
  - Proper lighting
  - Asking about details
- Hearing
  - Hearing aids
  - Use a normal tone of voice
  - Maintain eye contact
- Neither are indicator of cognitive abilities***

Biological Changes

- Taste and Smell
  - Taste buds and age
  - Less sensitive to certain tastes
  - Asking about details
- Motor Function and Strength
  - Muscle atrophy
  - Falls/fractures
  - Layout of room

Biological Changes

- Skin
  - Thinning skin
  - Changes in elasticity
  - Bruises



Problematic Injuries/Conditions

- Bruises
  - Color does not indicate age
  - 90% of accidental bruises were on extremities and not the trunk, neck or head
  - Less than ¼ of older adults with accidental bruises remembered how they got them
  - Medications impact bruising
  - Bruises on face, arms and back are highly suggestive of abuse

(Mosqueda et al., 2005)

Problematic Injuries/Conditions

- Pressure Ulcers (bedsores, decubitus ulcers)
  - Persistent pressure
  - Limits of blood flow
  - Most common: heels, ankles, hips shoulder blades, spine, tailbone
  - Poor nutrition
  - Incontinence
  - Insufficient hydration
  - Hours, days, weeks, months

Role of Medications

- Dosage
- Reactions
- Counter acting medications/supplements
- Abuse
  - Obtain compliance
  - Keep someone quiet
  - Create confusion
  - Suggest incompetence

General Considerations: Interviewing Older Adults

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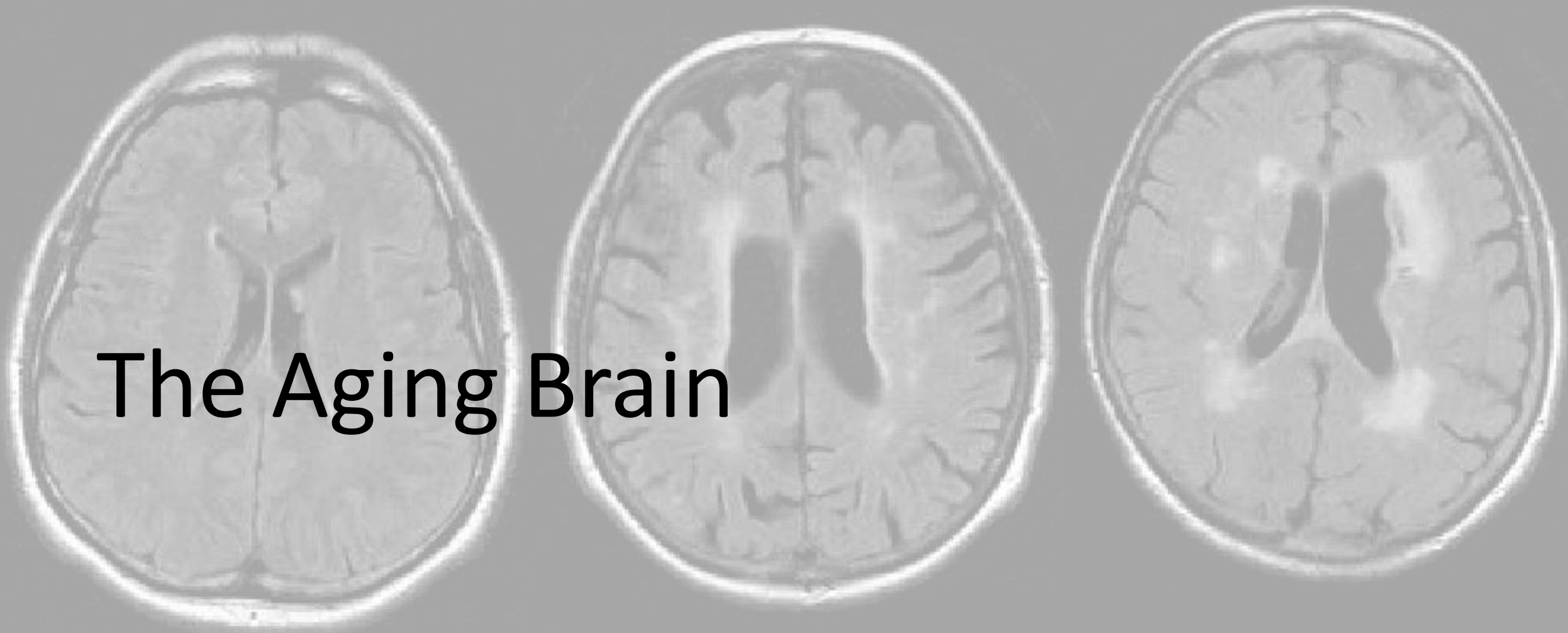
The Aging Brain



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Normal Changes to the Brain

**Varies from person to person

- Decreased ability to
  - Pay attention
  - Find words
  - Recall names
  - Multitask
  - Divide attention
- Increased abilities
  - Extensive vocabulary
  - Inductive reasoning
  - Accentuating the positive
  - Attaining contentment

Changes to the Brain

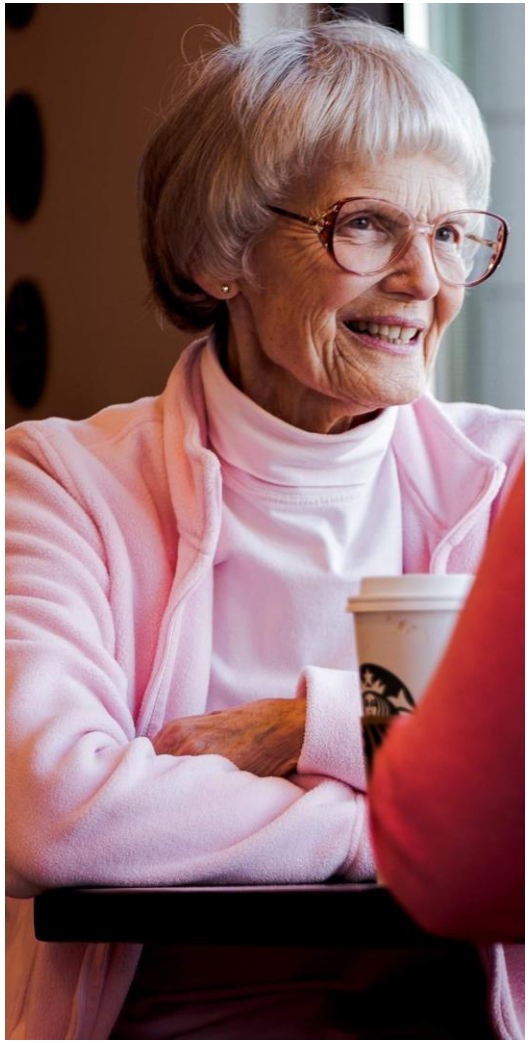
- By age 70, the amount of information the average person can recall 30 minutes after hearing a story is 75% of what someone who is 18 can remember.

- That is like missing every 4th word

Changes to the Brain

<u>Implications for the interview</u>

1. Don’t treat older adults like younger adults
2. Ask about any accommodations (Pre-interview considerations)
3. Be patient, give sufficient time



General Considerations

- Make the interview a conversation
- Older adult is the expert
- Create victim/witness-centered environment
- Prioritize gathering what the older adult knows
- Remain open-minded, neutral and objective
- Be aware of biases/assumptions

Communication Style of Older Adults

- Negative qualifiers
  - (e.g., “I think,” “I’m not sure,” etc.)
- Pacing
  - Older adults may speak slower
- Language
  - May have occasional problems with word finding

Communication Style of Older Adults

- Details and narrative organization
  - May provide fewer details spontaneously
    - Creates need to ask follow-up questions
    - Be careful of making follow-up questions leading/suggestive
  - May relay information out of order
  - May provide information that is superfluous/off-topic
    - Be patient and redirect back to matter at hand without being dismissive

As with victims of all ages

- Avoid
  - Leading/suggestive language
  - Negative/double negatives
  - Figurative language
  - Professional jargon/technical terms
  - Vague language
  - Compound/complex questions
  - Stacked questions
  - Patronizing tone
  - Questions that begin with “why”

Communication Style of Older Adults

- Be strengths based
  - Use strengths-based language
  - Pose questions in a neutral manner
  - Use clear and concrete language
  - Word pace and pause to mirror the older adult
  - Utilize prompting cues that use the older adult's words
  - Use polite language to redirect
  - Cultural humility

Multiple Hypotheses

- Remain open-minded, objective and neutral
- Consider any reasonable explanations from the report
  - Try to come up with at least THREE
- This will reduce likelihood of drawing premature conclusions
- Allows interviewer to remain unbiased

Leading and Suggestion

- People of all ages are susceptible to leading/suggestion
- Memory is not a complete copy of events
- Dependent on how information is encoded at the time

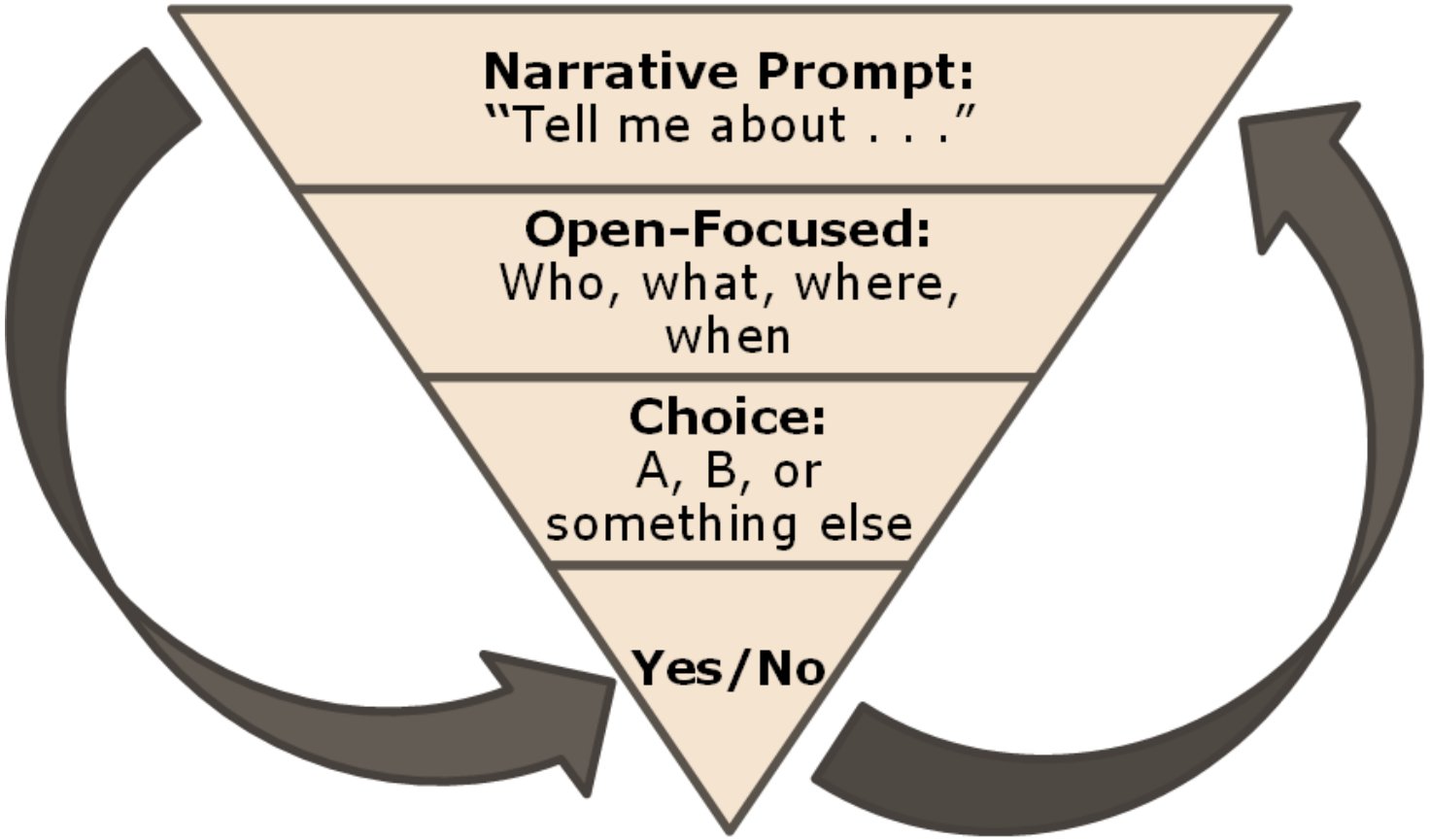
- Suggestive: “Did they have a knife?”
- Leading: “They took your money, didn’t they?”

Older Adults and Leading and Suggestion

- Older adults may be susceptible to the effects of misinformation following an event (Memon et al., 2013)

- Older adults may have difficulty identifying the source of the information (e.g., something they witnessed vs. something heard from someone else)

Most Reliable



Least Reliable


Happy 110th Birthday Flossie Dickey!
News Studio
Cheney, WA
(whooshing)
FOX 28
8:52 39°

Cognitive Decline

- Reversible
  - Infection
  - Depression
  - Endocrine disorder
  - Medication reaction
  - Medication overdose
  - Illicit drugs
  - Alcohol
  - Opioid Pain medications
  - Sleep Medications
  - Antidepressants
- Irreversible
  - Neurocognitive Disorders (NCDs)
    - AKA: Dementia
  - Deficit in cognitive functioning
    - Attention
    - Visual-spatial ability
    - Social cognition
    - Executive functioning

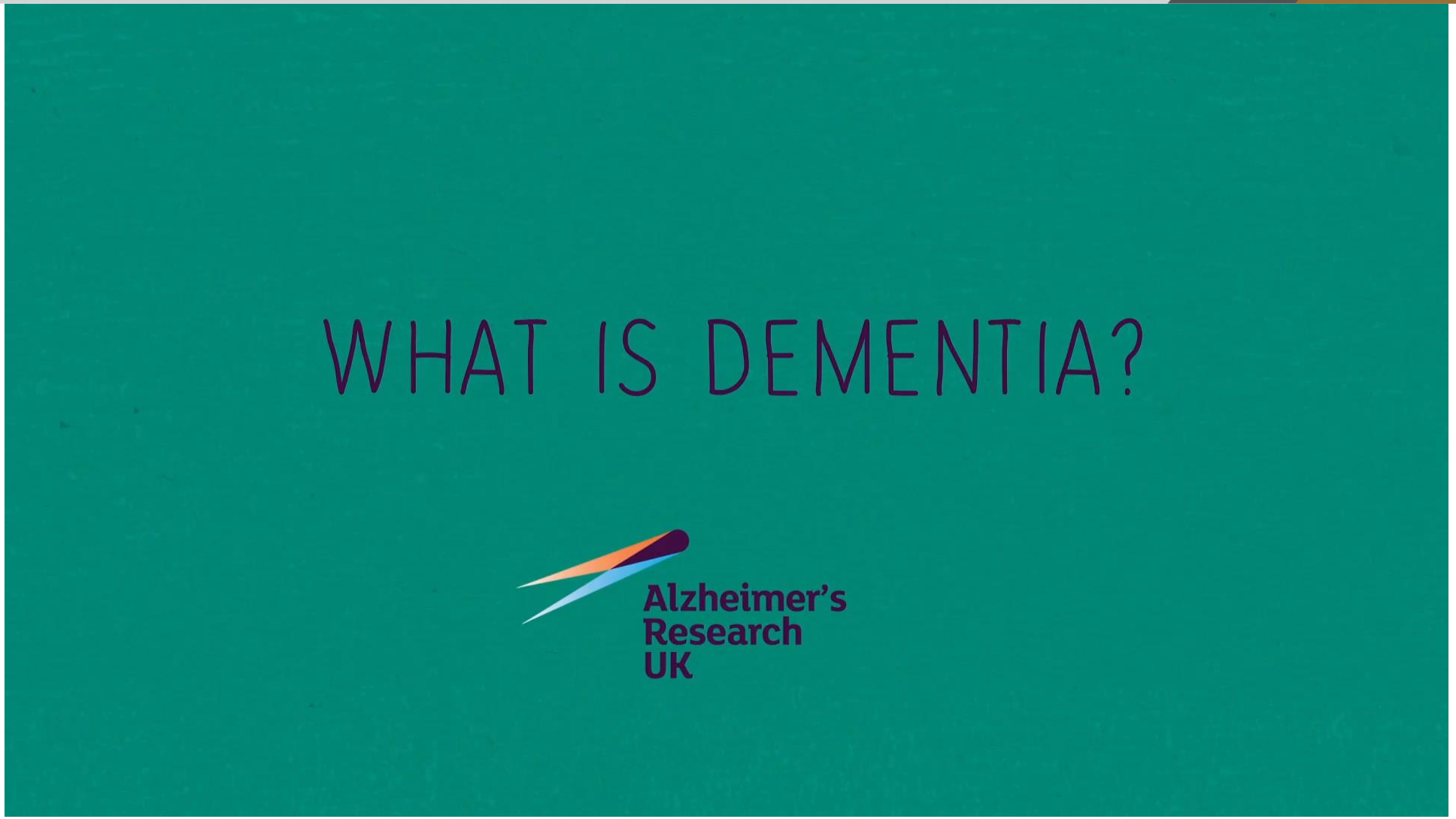
Use of Language

- Never use the term “demented” to refer to an older adult

- Use instead:
  - “An older adult living with dementia.”
  - “An older adult with signs of forgetfulness.”

Types of Dementia

- Alzheimer's disease
- Vascular NCD
- Frontotemporal NCD
- Substance/medication-induced NCD
- NCD with Lewy bodies
- NCD due to:
  - Parkinson's disease
  - Traumatic brain injury
  - HIV infection
  - Huntington's disease
  - Prion disease
  - Other medical conditions
  - Multiple etiologies


WHAT IS DEMENTIA?
Alzheimer's
Research
UK

Dementia/NCDs

- Approximately 10% of people over 65 years
- Up to 50% of people over 85 years
- Onset can be slow or sudden
- May affect ability to recall old information or learn new information
- Not all dementias affect memory (especially in early stages)

Dementia/NCDs

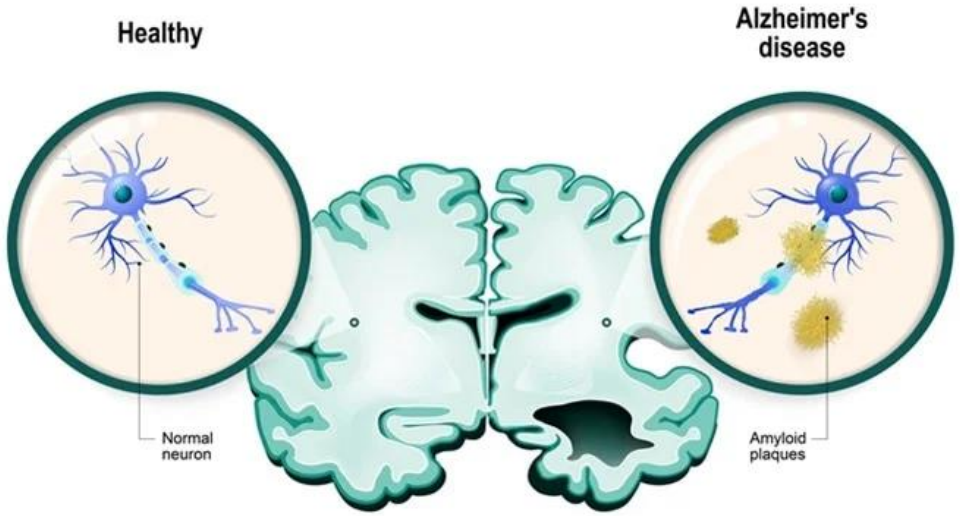
- Diagnosis
  - Significant deficits in at least one area that impact's ability to perform activities of daily living:
    - Writing and speech
    - Recognition of people/objects
    - Motor activities
    - Planning
    - Execution of plans
    - Monitoring their own behavior

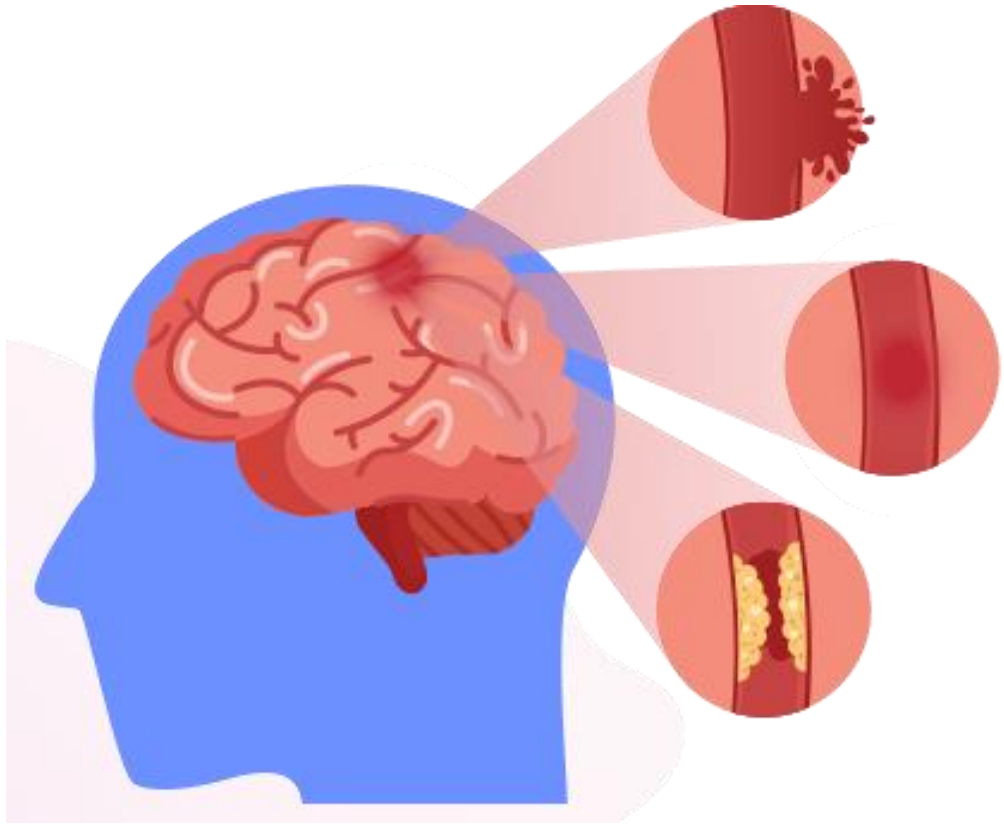
Dementia/NCDs

- Behavioral characteristics
  - Inability to complete simple tasks
  - Poor judgement
  - Unrealistic plan making
  - Violent behavior
  - Suicidal ideation
  - Frequent falls/stumbling
  - Disregarding social conventions
  - Levying accusations against loved ones

Common Subtypes of Dementia/NCDs

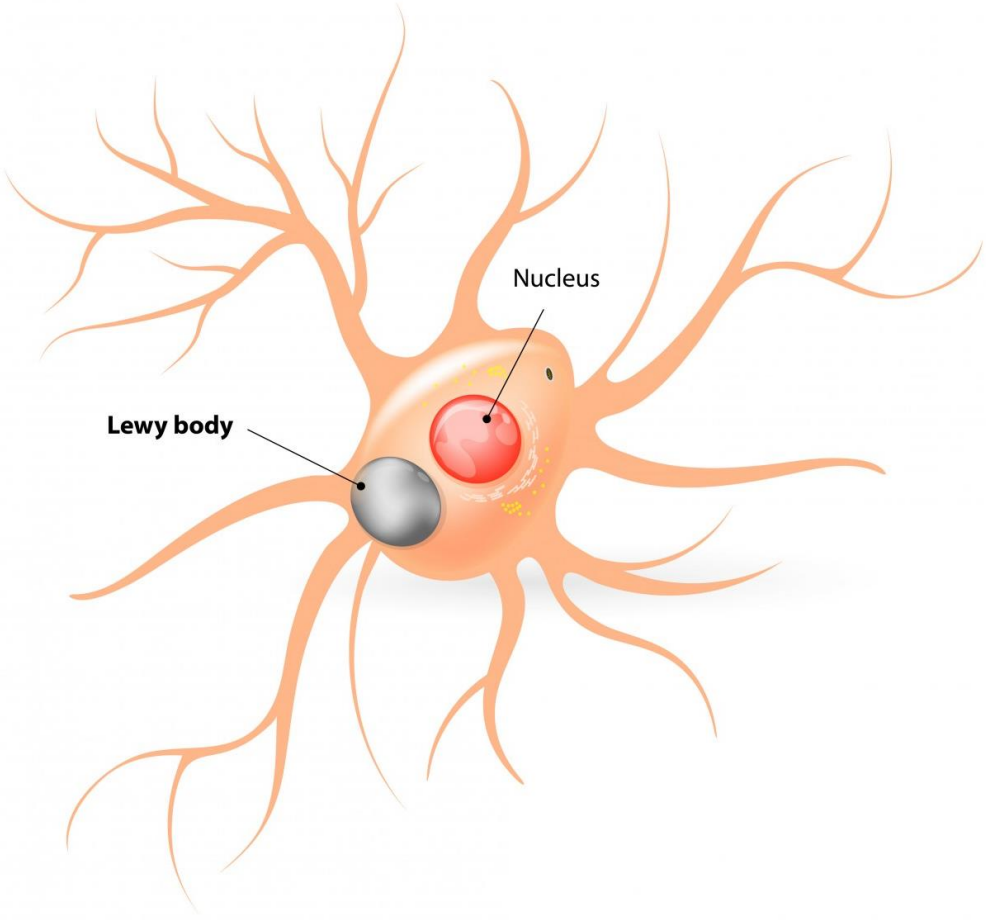
- Alzheimer's disease
  - Affects approximately 5.8 million Americans
  - 5th leading cause of death for older Americans
  - Gradual onset
  - Progressive Degeneration
  - Memory impairment
  - Language deficits
  - Declines in visual/spatial processing





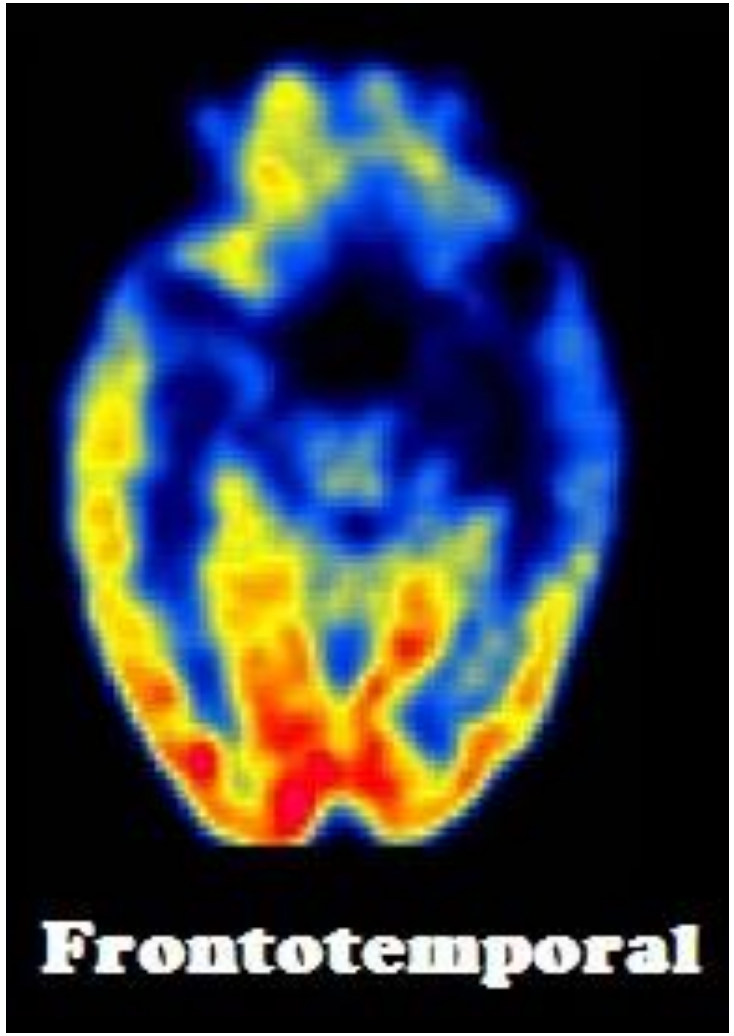
Common Subtypes of Dementia/NCDs

- Vascular Dementia
  - Damage to the brain
    - Restricts blood flow
    - Series of small strokes
    - Single major stroke
    - Other chronic conditions
  - Functional and cognitive deficits are determined by location of stroke(s)
  - Often have other types of dementia



Common Subtypes of Dementia/NCDs

- Lewy body disease (LBD)
  - Sleep disturbances
  - Visual hallucinations
  - Visuospatial impairment
  - With or without memory impairment
  - May also develop Alzheimer's, which does cause memory loss

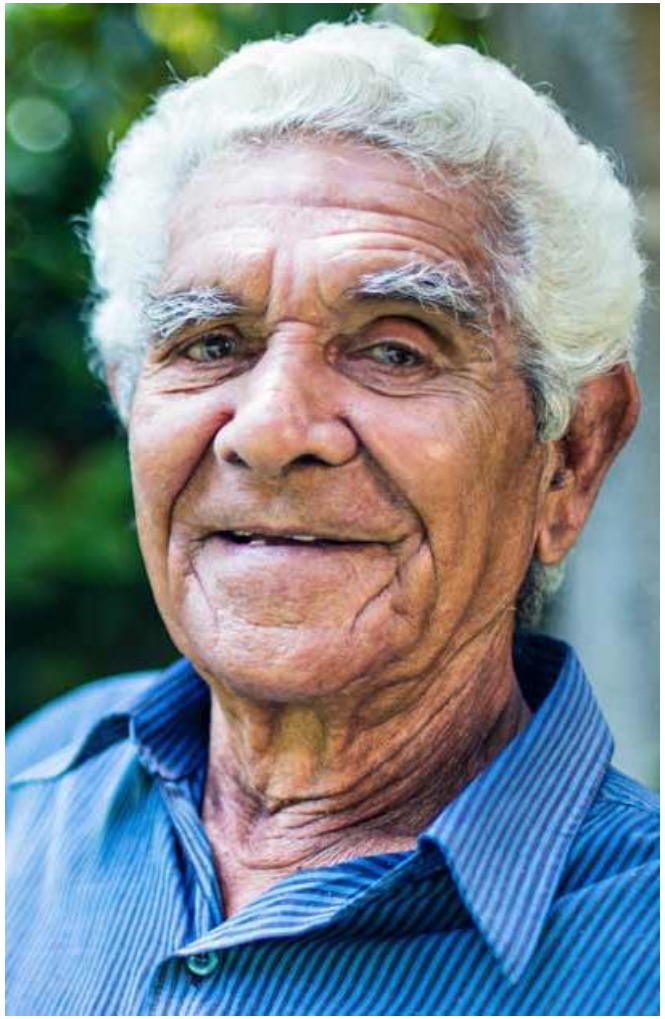


Common Subtypes of Dementia/NCDs

- Frontotemporal Dementia (FTD)
  - Affects frontal and temporal parts of the brain
  - Changes in personality
  - Changes in behavior
  - Memory is not affected in early stages
  - Movement is affected: tremors, rigidity, muscle spasms, loss of coordination, swallowing problems
  - Most people develop symptoms between 45 and 60 years

Stages of Alzheimer's Dementia

- Continuum of stages:
  - No impairment – Severe decline
- Based on signs and symptoms of how the brain's functions are impaired to meet the older adult's needs
- **NOT** solely based on deficits in memory/recall
- Varies from person to person



Stages of Alzheimer's Dementia

- Older adults with severe impairment
  - Severe memory loss
  - Unable to recognize people close to them or themselves
  - Believe they are in a different place
  - Believe they are in a different time period
- May not be able to participate in a forensic interview
  - If attempted, proceed with caution
  - Ensure interview is legal and ethical
  - Watch for signs of distress

Stages of Alzheimer's Dementia

- Older adults with mild to moderate impairments
  - Forgetful of details, especially recent events
  - Likely to repeat
  - Likely to lose train of thought
  - Slower to grasp complex ideas
  - Difficulty handling money
  - Losing interest in hobbies/activities
- Likely can participate in a forensic interview
  - May need to be re-oriented to time/place

Mild and Moderate Impairments

- Other signs
  - Talk about people who are not present or deceased as if they are there
  - Poor judgment
  - Inability to explain actions logically
  - Wandering
  - Becoming lost easily
  - Not knowing where they live
  - Rapid mood swings
  - Suspiciousness/agitation
  - Slow walking gait/shuffling
- Interviewers should not guess or attempt to diagnose

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Communication Challenges

People living with dementia may experience changes in their ability to communicate which include:

- Challenges finding the right word
- Describe familiar objects/not refer to them by name
- Lose track of their general ideas when speaking
- Rely more on gestures than words
- Revert to speaking primary language (if multilingual)
- Repeat stories
- Provide linear/chronological answers

Communication Strategies

Physical Approach

- Approach from the front
- Face the person when speaking to them
- Use their preferred name and title
- Maintain proper eye contact
- Minimize use of hands when speaking
- Avoid sudden movements

Communication Strategies

Verbal Approach

- Speak clearly and slowly
- Use simple words
- Keep questions short
- Explain any actions to be taken before executing
- Be comfortable with pauses
- Be prepared to reintroduce yourself and role

Communication Strategies

Style/Affect

- Be warm, friendly and conversational
- Use a low-pitched reassuring tone
- Take breaks as needed (be attentive to needs)
- Avoid known triggers
- Don’t argue
- Don’t attempt to reorient to reality

Question Structure

- Do
  - Use real names
  - Repeat if necessary
  - Give simple step-by-step instructions
  - Take time to establish rapport
  - Use the entire funnel to establish a baseline
- Don’t
  - Use pronouns
  - Use slang/figures of speech
  - Finish the older adult’s sentences
  - Stack instructions or questions
  - Say “I’ve already told you that…” or “like I said before…”

Critical Issues: Victims with Dementia

- Interviews should always be considered or attempted

- Other considerations
  - Using supportive touch
  - Addressing agitation
  - Dealing with reality disorientation

Reality Disorientation Example:

Interviewee: *Where's my father? I'm looking for my father!*

Interviewer: *I have not seen him. Tell me about your father.*

Interviewee: *My father is a good man. I miss him.*

Interviewer: *Thank you for telling me about your father. I'm not sure where he is but let me ask someone to find out. Now I'm going to ask you more about _____.*

Reality Disorientation Example:

Interviewee: *I want to go home!*

Interviewer: *Tell me about your home.*

Interviewee: *I want to go home!*

Interviewer: *I hear you saying you want to go home. I've never seen your home before—what does it look like?*

Reality Disorientation Example

- What if verbal redirection doesn't work?
  - Consider engaging in an activity
  - Offer a snack
  - Adjust the room temperature
  - Take a bathroom break
  - Watch for signs of pain/discomfort
  - Take a break
  - Come back a different day

Introduction to SAFE Model

MCG MODELL CONSULTING GROUP, LLC

Elder Justice INITIATIVE

SAFE Semi-Structured Steps

- Pre-interview considerations
- Establishing rapport
- Establishing interview guidelines
- Establishing a baseline
- Check-in
- Transition to allegation(s)
- Exploring allegations
- Respectful closure

Pre-Interview Considerations

- Not intended as a questionnaire
- Guide the MDT to gather information
- Trauma-informed
- Private conversation

- Two types
  - Caregiver Reported
  - Self Reported

Pre-Interview Considerations

- Physical accessibility
  - Canes, walkers, wheelchairs
- Considerations for scheduling
  - Medications, time of day, typical schedule
- Interview environment
  - Neutral, safe, private, comfortable

Pre-Interview Considerations

- Informed consent
  - Maintain dignity/respect
  - Transparency:
    - Steps of the interview process
    - Purpose of recording
    - Who the information will be shared with
    - Ability to take breaks
    - Right to revoke consent

Pre-Interview Considerations

- Individual needs
  - ADA compliant
  - Appropriate furniture
  - Accessible bathrooms
  - Offer drinks/snacks
- Comfort items
  - Weighted blankets, pillows, manipulatives

Pre-Interview Considerations

- Use of Victim Advocates/Support Persons
  - Advantages
    - Calms victim
    - Trauma informed
    - May assist with redirection
  - Disadvantages
    - May influence responses
    - Increases number of people present
    - May lead to unnecessary distractions

Establishing Rapport

- Creates a relaxed and supportive environment
- Reduces the older adult's anxiety
- Establishes trust between the interviewer and older adult
- Helps the interviewer get to know the older adult and create a baseline for the interviewer to:
  - Identify strengths
  - Identify cognitive and social issues
  - Assess the older adult's comfort level
  - Assess the older adult's mode of communication

Establishing Rapport

Introduction

- Introduce self and role
  - Interviewer: *Hi, my name is _____, and I am a _____ (forensic interviewer, police officer, social worker, etc.). My job is to _____.*

- Ask the older adult how they would like to be addressed

Introduction Example

Interviewer: *Hi, Martha Jones? My name is ___, and I am a ___ (forensic interviewer, police officer, social worker, etc.) with ___(agency). How would you prefer I address you as we are talking here today?*

Martha Jones: *All my friends call me Marty.*

Interviewer: *Do you mind if I call you Marty?*

Martha Jones: *Just don't call me Martha. My parents and teachers were the only ones to call me that.*

Establishing Rapport

How would you establish rapport when you show up at an older adult's home for a surprise visit?

Establishing Interview Guidelines

- Introduce guidelines conversationally
- Avoid listing guidelines
- Guidelines to consider when interviewing older adults:
    1. Don’t know/don’t guess
    2. Don’t understand/doesn’t make sense
    3. Correct me
    4. Don’t want to talk about it
    5. Say it when you remember it

Establishing a Baseline

- Continues rapport
- Establishes mutual understanding
- Allows older adult to demonstrate abilities
- Gives interviewer baseline for question response

- Topic selection
  - Rich in details
  - Neutral
  - Episodic

Establishing a Baseline

While engaged in baseline development during organization of accounting, it is important to keep in mind the ICE acronym:

- **Identify** an event
- **Continue** through accounting
- **Elicit** additional information

Check In

- How is the older adult feeling?
- Do they have any questions?
- Assess for any blocks or barriers
- Provide reassurance

Check In

Example:

Interviewer: *"Before we keep going, I'd like to know how are you feeling so far about talking with me today."*

Interviewee: *"I feel okay."*

Interviewer: *"Do you have any questions for me about the interview?"*

Interviewee: *"No."*

Check In-Overcoming Blocks and Barriers

- Presentation of older adult:
  - Appears nervous, scared, apprehensive, or withdrawn
  - Stops answering questions
  - Changes in body language
  - Changes in voice, volume or tone
- Interviewer strategies:
  - Acknowledge change (don’t assume reason)
  - Provide reassurance
  - Take a break

Check In-Overcoming Blocks and Barriers

Example:

Interviewer: *"I noticed that you stopped answering questions. Tell me about not answering questions."*

Interviewee: *"I don't want to talk about it."*

Interviewer: *"It's okay with me if you don't want to talk about it. I want to understand how you are feeling right now—how are you feeling?"*

Interviewee: *"I'm scared."*

Interviewer: *"Tell me about feeling scared."*

Interviewee: *"I'm scared because they said if I told anyone they would hurt me."*

Check In-Overcoming Blocks and Barriers

Supportive Interviewer Statements:

"From what you have told me, I can understand how you would be (stated emotion)."

"I really appreciate you helping me understand what happened."

"Take your time—you are doing good job providing information about _____."

"Lots of people that I listen to tell me that they feel _____ when we are talking—it is okay to feel _____."

Check In-Overcoming Blocks and Barriers

If blocks and barriers can't be broken down:

Interviewer: *"Thank you for letting me know you don't want to talk any more today. Before we finish, I want to check in with you. How are you feeling right now?"*

Virtual Small Group Activity: Overcoming Blocks and Barriers

1. Participants will be placed in breakout rooms in groups of 3-4 participants and will use the “Judy” scenario.
2. As a group, participants will have 10 minutes to identify and discuss at least three barriers that may arise based on the details of the scenario.
3. Choose a representative from your group to share what was discussed with the large group after the activity.
4. After 10 minutes, participants will return to the main room to discuss as large group.

Transition to Allegation(s)

- Open-ended
- Consider strengths
- Consider baseline
- Consider communication style
- Jurisdiction/team input
- Start by acknowledging what has already happened

Exploring Allegations

- Older adult is the expert
- Interviewer guides the flow
- Encourage free recall
  - General overview
  - ICE
    - Identify an event
    - Continue through accounting
    - Elicit additional information

Exploring Allegations

- General overview
  - Allow for a general overview of the situation before discussing an event from beginning to end
  - Gives interviewer a sense of abuse/maltreatment overall
  - Helps interviewer/interviewee to identify the first topic to discuss

Exploring Allegations

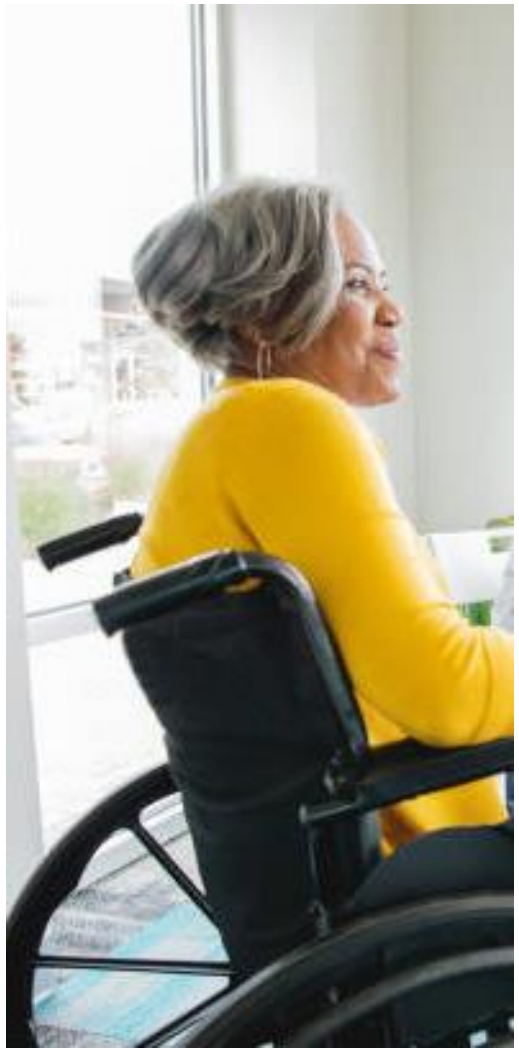
- Sensory Questions
  - Sensory details can be very powerful
  - Can assist in memory retrieval
- Examples:
  - *Tell me everything you saw when _____.*
  - *Tell me about everything you heard when _____.*
  - *Tell me about everything you smelled when _____.*
  - *Tell me about everything you tasted when _____.*

Exploring Allegations

- Questions about thoughts and feelings
  - Do not naturally come up when sharing about an event
  - Can correlate thoughts and emotions
  - Demonstrates that their feelings are important/valuable
- Sample Questions
  - *How were you feeling when _____?*
  - *What were you thinking about when _____?*

Exploring Allegations

- Witnesses and Corroboration examples:
  - *"What made you decide to tell about _____?*
  - *"How did people find out about _____?*
  - *"Was there someone who helped you decide to tell?"*
    - *(If yes) "Tell me more about _____."*
  - *"Who was the first person that you told about _____?"*



Respectful Closure

- Provides a gentle transition to end the session
- Probe for any additional information
- Check in with how they are feeling
- Offer opportunity for questions
- Communicate any immediate next steps
- Leave the session open ended
- Return to a neutral topic

Post-Interview Considerations

Any involved team members should meet after the interview with the older adult to accomplish these things:

- Share information from all sources
- Determine what immediate services are needed
- Identify other issues to be considered before moving forward
- Discuss any next steps with the older adult or any family/support person/caregiver

Post-Interview Considerations

Team should discuss next steps with the older adult and/or support persons (as appropriate):

- The results of the interview
- Safety planning
- The next steps in the investigation
- Any concerns about the individual being in crisis
- Appropriate follow-up and referrals
- Connecting the older adult to resources

Post-Interview Considerations

Post-Interview Crisis Assessment

- Is the older adult in crisis?
- An assessment should be conducted by a mental health professional
- Focus on immediate mental health status
- Assessment for self harm, suicidal ideation or homicidal ideation

Vicarious Trauma Considerations

Post-Interview Crisis Assessment

- Identity if there are issues related to secondary traumatic stress for any team members
- Discuss vicarious traumas with team members, supports, supervisors, if necessary
- Any affected team member should consider withdrawing from the case or involvement with the victim/family