



SAFE (Safe Accessible Forensic Interviews for Elders)



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

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

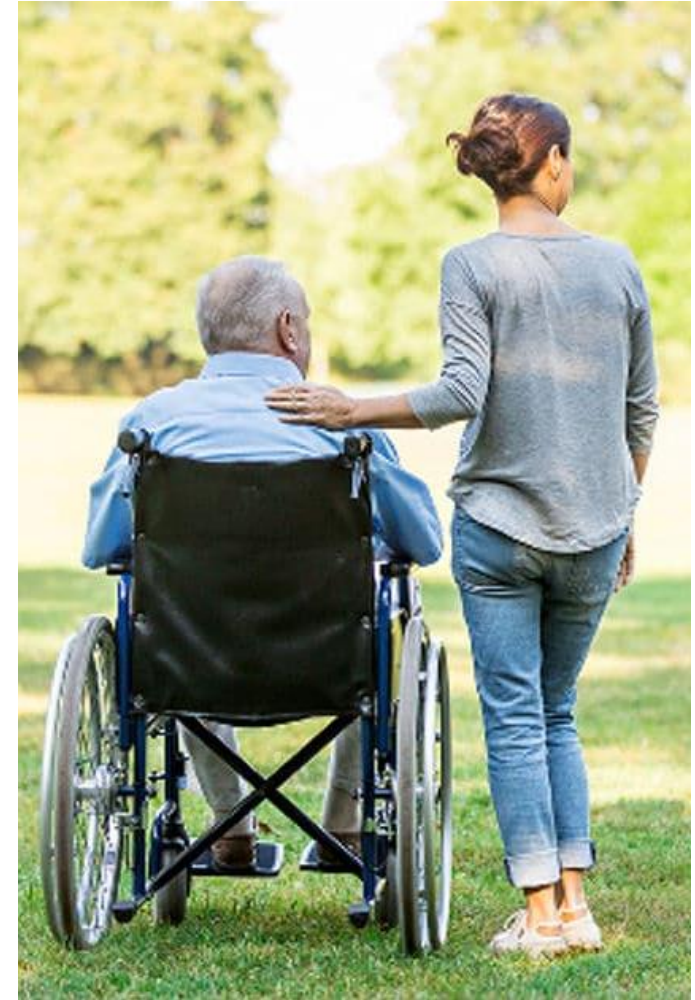
- Definition:
 - 60+
 - 50+
 - 50-55
 - 65+
 - 18+ with a disability that makes them vulnerable or dependent
- Dependent on jurisdiction, culture, agency, etc.



Understanding Elder Abuse

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: 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**



History of Elder Abuse

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

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).
 - Condensing 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

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

Perpetrators

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





Risk Factors for Abuse

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

Perpetrator Tactics

“Depending on the victim–offender relationship and the type of abuse, elder abuse may resemble domestic violence, child abuse, or fraud. The phenomenon can stand on its own given the complexity of the relationships, individual vulnerabilities, and contexts in which it occurs.”



Perpetrator Tactics

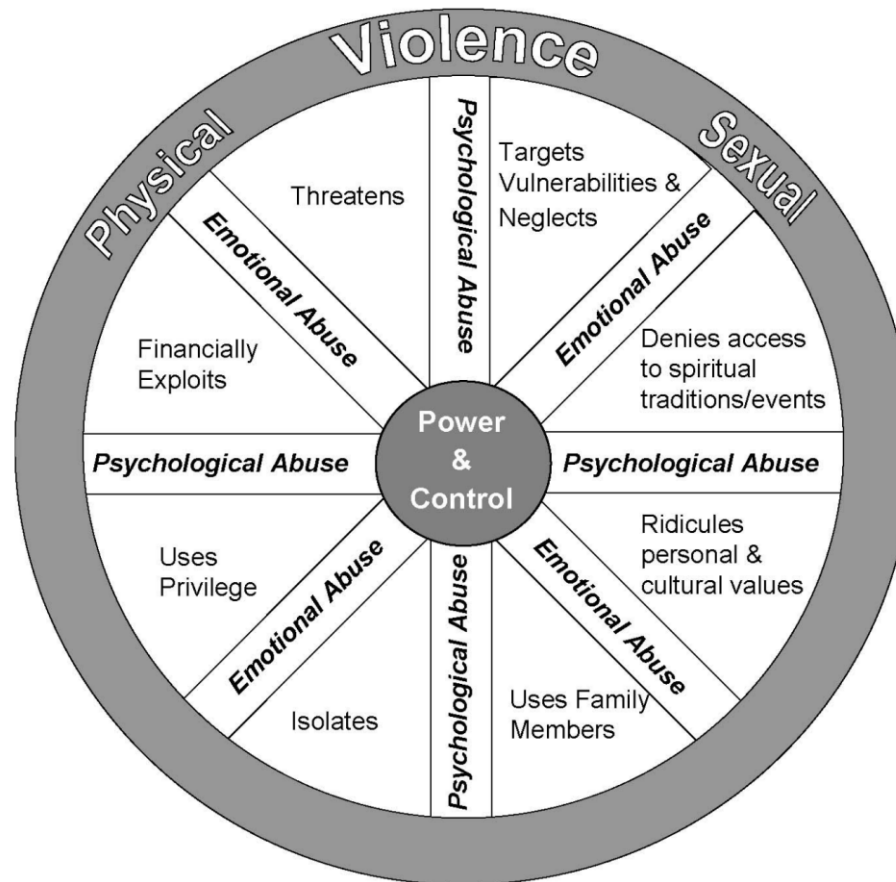
- Power and Control
 - Threats
 - Intimidation
 - Economic control
 - Emotional abuse
 - Use of children
 - Isolation
 - Physical/sexual violence



Perpetrator Tactics

- Power and Control in Later Life
 - Neglect
 - Ridicules values
 - Denies access to spiritual traditions
 - Use of family
 - Isolation
 - Uses privilege
 - Emotional abuse
 - Psychological abuse

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

A woman with dark hair, wearing a dark blazer over a light-colored shirt and a lanyard with an ID badge, is sitting on a light-colored couch. She is gesturing with her right hand while holding a pen and a notebook in her left hand. She is looking towards the camera. In the foreground, the backs of the heads of several older adults are visible, suggesting she is in a meeting or interview setting. The background shows a lamp and some framed pictures on a wall.

General Considerations: Communicating with Older Adults

The Aging Brain

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.



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



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

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

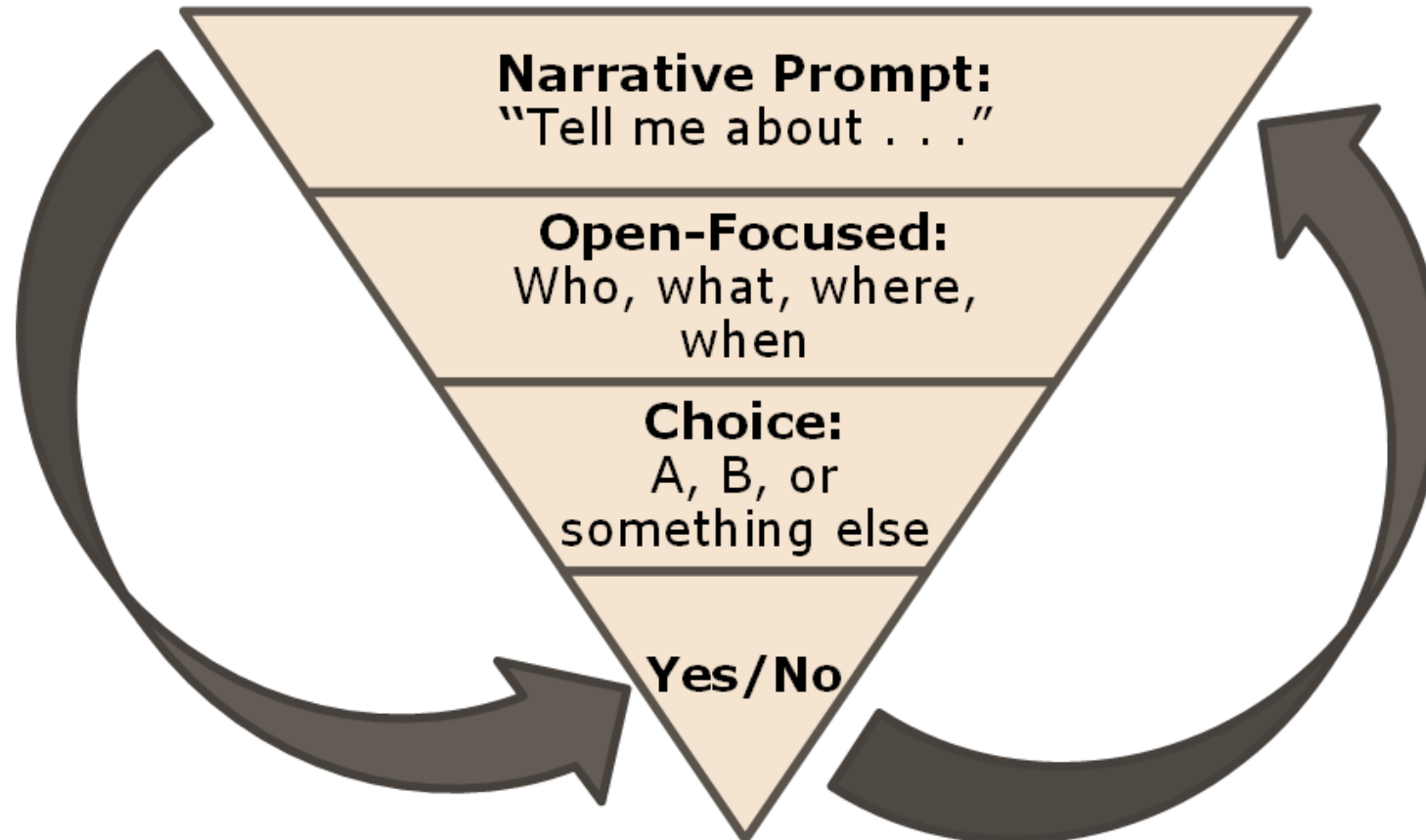
- Suggestive: “Did they have a knife?”
- Leading: “They took your money, didn’t they?”



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

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?





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

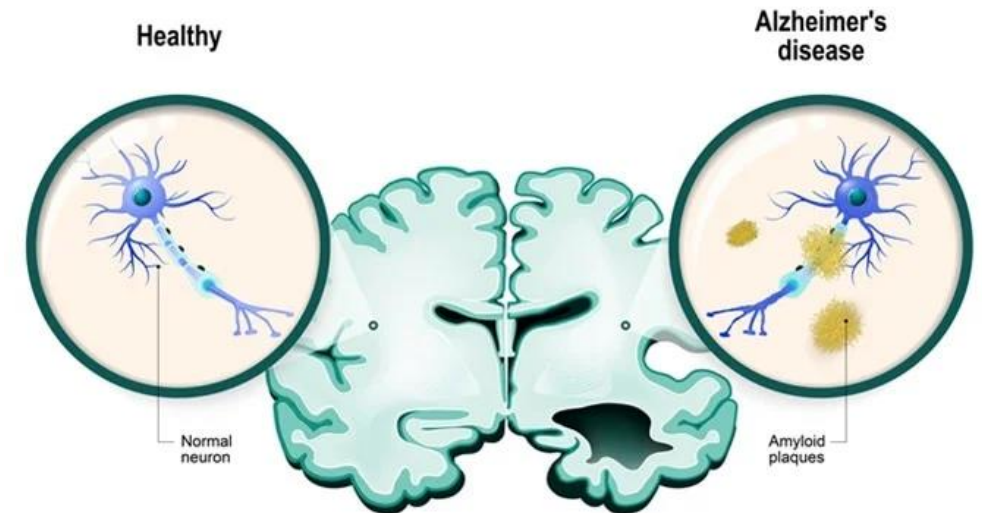


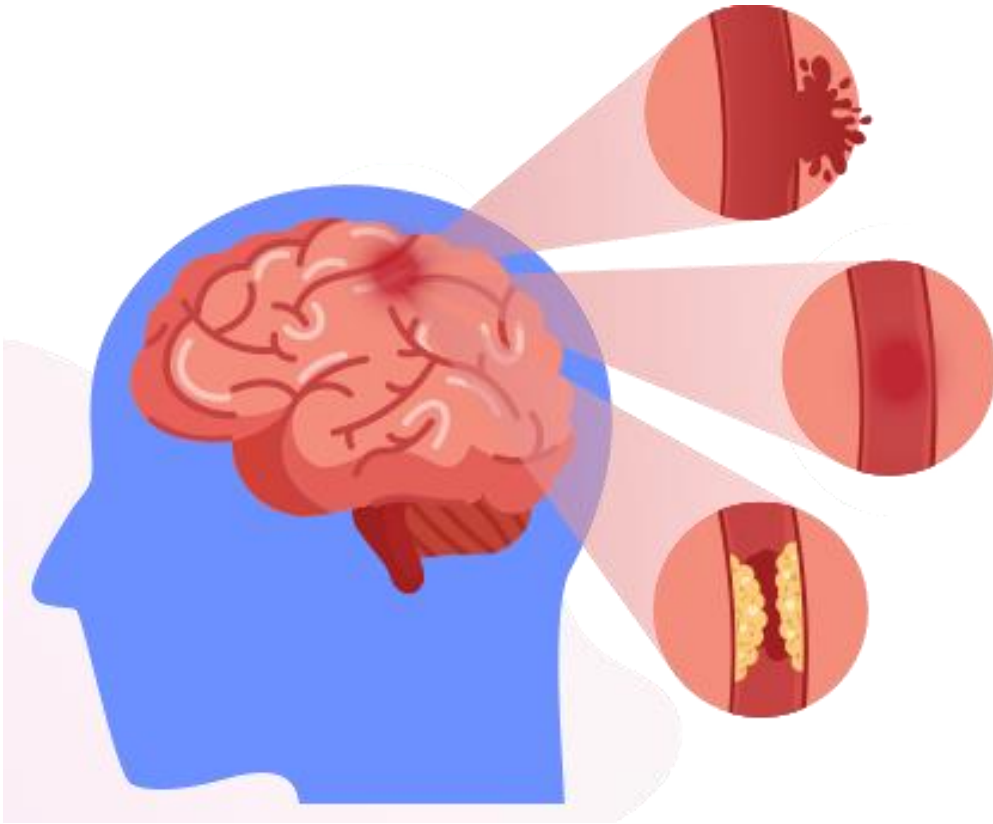
Dementia/NCDs

- 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

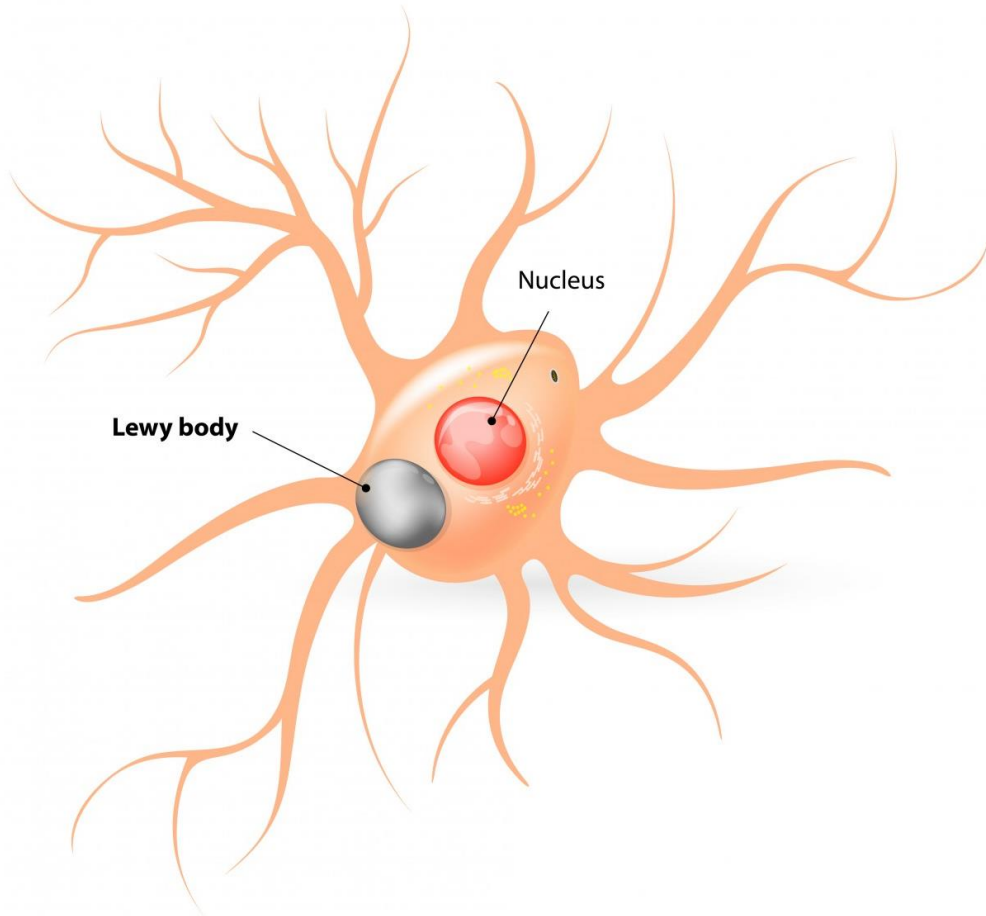
- Alzheimer's disease
 - Affects approximately 5.8 million Americans
 - 5th leading cause of death for older Americans
 - Gradual onset
 - Progressive Degeneration
 - Memory impairment
 - Language deficits
 - Declines in visual/spatial processing





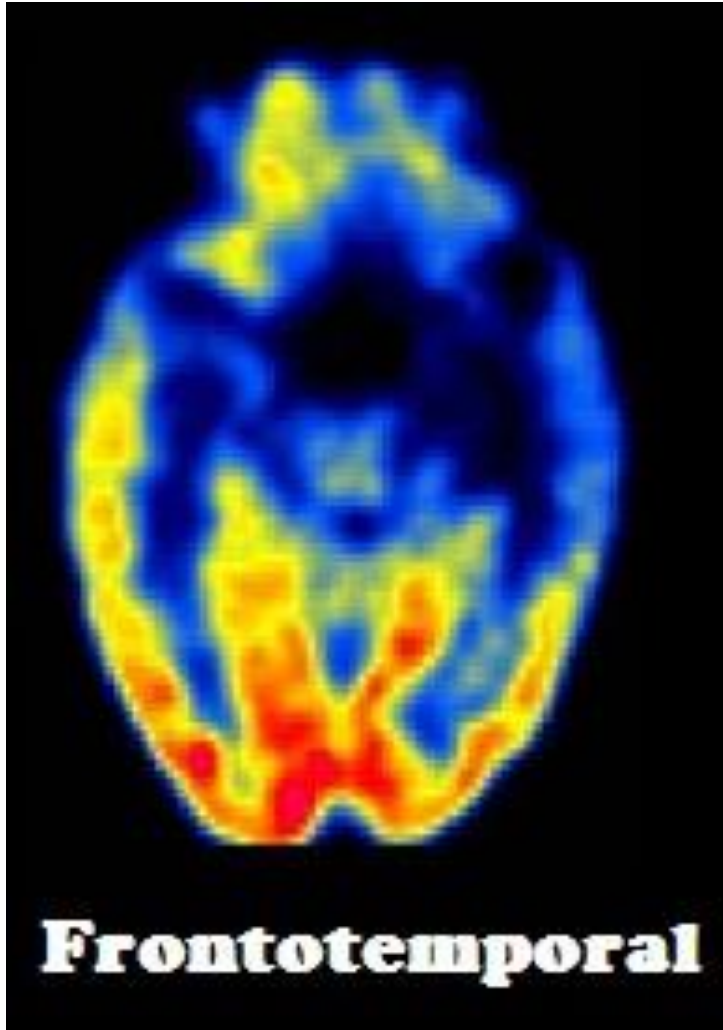
Common Subtypes of Dementia/NCDs

- 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



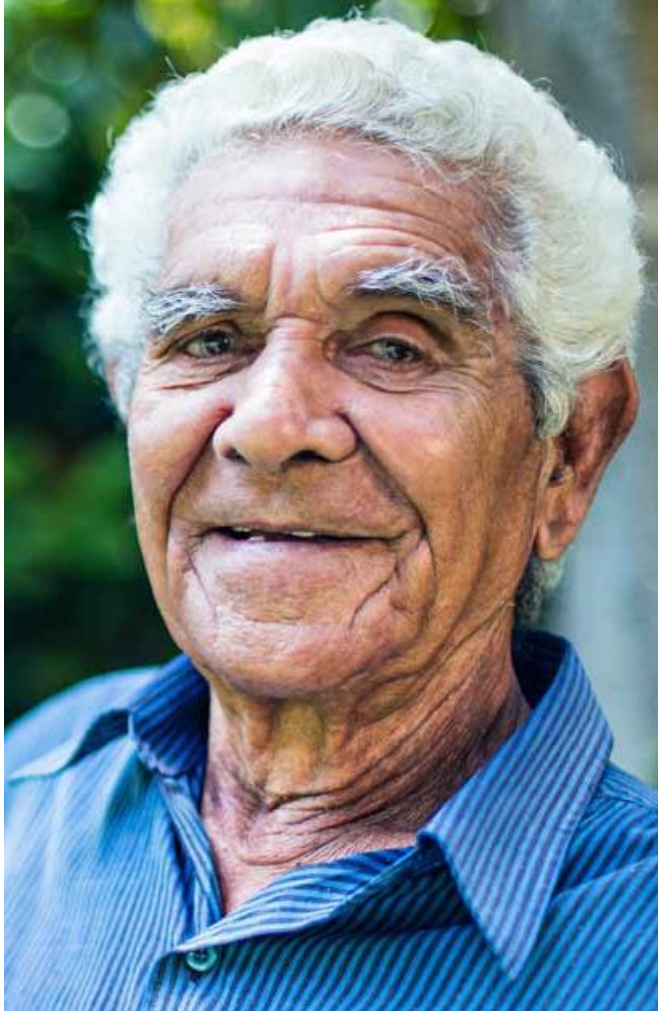
Common Subtypes of Dementia/NCDs

- 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
 - 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

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..."

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





Gathering Minimal Facts



Effectively Handling A Disclosure

- Avoid having a strong reaction
 - “You’re kidding me!”
 - “No way!”
 - “I can’t believe it”
 - “That’s terrible!”



Effectively Handling A Disclosure

- Use supportive statements
 - “I’m sorry this happened.”
 - “I want to help and make sure you’re okay”
 - “It’s safe to talk to me about what happened.”
 - “I will help you in any ways I can.”



Mandated Reporters

- Inform the older adult of your mandate
- Ask them if they have questions about what that means
- Offer to make the call together
- Provide additional resources as necessary

Small Group Activity

- Participants will be placed in breakout rooms of 2
- Decide who will interview first
- Spend 5 minutes learning about a neutral/positive event in your partner's life
- Use as many free narrative and open focused prompts as possible
- Switch roles
- After 10 minutes, we will debrief as a large group.

Considerations for the Investigative Team

- Gathering information about how the older adult communicates can help the interviewer and investigation
 - Self Reported Pre-Interview Considerations Checklist
 - Caregiver Reported Pre-Interview Considerations Checklist
- Use these as guides when making reports and gathering information for investigative agencies (Page 87).

Vicarious Trauma Considerations

Post-Interview Crisis Assessment

- Identify 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