

SAFE

Safe Accessible Forensic Interviewing for Elders

4-Day Advanced Certificate Training

Instructor Manual



Authors:

Scott Modell, Ph.D.

Staci Whitney, L.M.S.W.

Kate Homan, M.S.

Dermot Whelan, Police Sergeant, Ret.

Candace Heisler, J.D.

Chris Dubble, M.S.W.

Misty Boldt, L.M.S.W.

Acknowledgement

This training was produced by the Modell Consulting Group, LLC pursuant to a contract awarded by the Department of Justice's Elder Justice Initiative.

Purpose

The goal of this project was to develop an accessible advanced forensic interviewing certificate curriculum for established forensic interviewers with previous basic training or certificate and extensive experience in forensic interviewing and/or working with older adults. The advanced forensic interview certificate curriculum is designed to support forensic interviewers to gather information from alleged victims in the most reliable and legally defensible manner. It is the hope of all involved that after attending this training, professionals will feel better equipped to interview older adults who are victims of crime and successfully investigate and prosecute the crimes committed against them.

Table of Contents

Prerequisites.....	6
Introduction	9
Forensic Interview.....	10
Trauma-Informed Approach.....	12
Strength-Based Perspective.....	13
Pre-Assessment.....	16
Question Types.....	16
The Recycling Funnel Model	19
Narrative Interview Mapping.....	20
Pre-Assessment Instructions.....	23
Elder Abuse Definitions.....	31
Elder Abuse	31
Proof in Elder Abuse Cases	35
Forms of Elder Abuse	38
Multiple Victimization Events/Polyvictimization	42
Settings in Which Elder Abuse Occurs.....	44
Key Concepts: Competency, Capacity, and Consent.....	46
History of Elder Abuse	51
Statistics and Incident Rates.....	55
Impact of Elder Abuse	58
Physical Health Impact	58
Psychological Health Impact.....	60
Financial Impact	62
Biases and Assumptions About Aging	66
Ageism	68
Common Stereotypes of Aging.....	68
Addressing Stereotypes and Ageism in Forensic Interviews With Older Adults	69
Older Adults and Abuse Dynamics	73

A Life Course Perspective on Older Adults.....	73
Elder Abuse Dynamics	75
Interviewing Older Adults	139
Establishing Rapport	140
Establishing Interview Guidelines	144
Establishing a Baseline.....	151
Check In.....	159
Transition to Allegation(s).....	165
Exploring Allegations.....	169
Respectful Closure.....	185
Post-Interview Considerations	189
APPENDIX I	193
APPENDIX II.....	251
APPENDIX III.....	252
APPENDIX IV	259
APPENDIX V	260
APPENDIX VI.....	264
APPENDIX VIII	268
References	270

PREREQUISITES

- This course is designed for a maximum of 24 participants.
- Minimum requirements of participants:
 - Completion of a training course in interviewing victims and witnesses (min. 32 hours) and
 - Completion of 100 interviews and/or a minimum of 2 years' experience working with older adults.

Before the Training Begins:

- Virtual training
 - Participants should be sent participant manual via email one or two business days prior to the start of the training.
 - Participants should be sent the link for the virtual training one or two business days prior to the start of the training.
 - Instructors should have scenarios assigned to participants prior to the beginning of the course but wait to inform participants of their assignment until the beginning of the "Pre-Assessment" activity.
 - If there are 24 participants, there should be 4 participants assigned to each scenario (scenarios 1-6). If there are fewer participants, instructors can decide to use fewer scenarios (i.e., if there are 20 participants, 4 participants can be assigned to each scenario, using scenarios 1-5) or assign fewer participants to each scenario.
- Live training
 - Instructors should ensure that the participant manual is printed and available for participants or sent via email ahead of time to allow ample time for participants to print the participant manual prior to the start of the training.
 - Instructors should have scenarios assigned to participants prior to the beginning of the course but wait to inform participants of

their assignment until the beginning of the “Pre-Assessment” activity.

- If there are 24 participants, there should be 4 participants assigned to each scenario (scenarios 1-6). If there are fewer participants, instructors can decide to use fewer scenarios (i.e., if there are 20 participants, 4 participants can be assigned to each scenario, using scenarios 1-5) or assign fewer participants to each scenario.

INTRODUCTION

INTRODUCTION

“Elder abuse is not an easy problem to address: it 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), adult child or caregiver; sexual assault by a stranger, caregiver, or family member; abuse or neglect by a partner living with advancing dementia; financial exploitation by a stranger, trusted family member, or professional; or systemic neglect by a long-term care provider that hires too few staff members, provides insufficient training to its staff, and expends too few resources on resident care.” (Connolly et al., 2014, p. 8)

Throughout the United States, the number of older adults is growing significantly. With this rise in the population, the frequency of older adults as victims of elder abuse requiring a criminal investigation is increasing.

Forensic interviewing has been an established evidence-based model of obtaining non-leading, legally defensible information from victim and witness interviews for children. It has not been used for older adults nearly as much. The absence of the forensic interviewing model for elder abuse victims leaves them at risk of not obtaining justice.

Victims of elder abuse are highly heterogenous in terms of their medical and cognitive health; experience with trauma over their lifetimes; cultural, religious, spiritual, and social values; length of time in the United States; history of interactions with governmental agencies; language; and resilience.

Interviewing older adults will draw from proven effective practices used with other adults and approaches that account for the unique differences that accompany later life and the circumstances of each older adult being interviewed.

This curriculum provides a guide to how the forensic interview model can be applied to elder abuse cases. With a life-span perspective, the curriculum transfers the effective techniques learned from use with younger victims to

older adults' specific strengths and needs. Certainly, this is not to imply that older adults are to be seen in any way as children.

This curriculum is designed to address the many members of an investigative multidisciplinary forensic interviewing team, including law enforcement and Adult Protective Services (APS). There are three key frameworks that the entire team must understand: (a) the purpose of a forensic interview in relation to other types of investigative interviews; (b) the necessity of using a trauma-informed approach when working with older victims of abuse, neglect, and exploitation; and (c) the importance of a strengths-based perspective when working with older adults. Following this training, it will be essential for interviewers to have continued training and participate in regular peer review in order to utilize current best practices.

Forensic Interview

A forensic interview is a trauma-informed, victim-centered process of information gathering that is neutral and fact-finding and typically conducted for investigative purposes in the context of a multidisciplinary team (MDT). An MDT may include the collaboration of APS, prosecutors, investigators, other social and psychological services, medical professionals, advocates, and other stakeholders assisting in acquiring justice for older adult victims of abuse. Elder abuse MDTs exist throughout the United States and can be found using the [Elder Justice Network Locator Map](#). Sometimes, members of different disciplines on MDTs have training in forensic interviewing, and some MDTs will have a specific role for forensic interviewers. Professionals who conduct forensic interviews focus on asking questions that encourage narration and promote gathering reliable information that informs investigative actions and case activities. MDTs should work together to reduce the number of interviews that are conducted with an older adult to reduce trauma and the possibility of conflicting information. In order to ensure best practices are employed in interviews with older adults, it is important that forensic interviewers engage in ongoing training and peer monitoring and support.

Several different types of interviews have been utilized when interviewing older adults. Understanding the different types of interviews (described in the Table 1 below) and their goals will assist professionals in better understanding when a forensic interviewing approach is best for interviewing older adults for investigative purposes.

Table 1. Interview Types

Type of Interview	Motivational Interview	Cognitive Interview	Forensic Interview
Goals	Engage a person to make changes such as taking protective actions to reduce future risk	Gather reliable and thorough testimony from a victim or eyewitness for civil and criminal investigations	Gather reliable, relevant evidence from a victim for a criminal investigation
Typically used by	APS investigators and human service professionals	APS and law enforcement investigators conducting investigative interviews	MDTs conducting criminal investigative interviews
Strategies	Questioning that expresses empathy, develops discrepancy, rolls with resistance, and supports self-efficacy	Questioning that is open, contextual; transfers control for a free report to witness	Questioning that is non-leading, non-suggestive, victim-focused, and victim-led

Trauma-Informed Approach

Trauma is an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening. Trauma often has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014).

During a forensic interview, the interviewer will not know with certainty whether the older adult has experienced a prior traumatic event or not. However, research indicates that up to 90% of older adults have experienced at least one traumatic event during their lifetime (Kuwert et al., 2013). These events include military combat; unexpected death of a partner, child, or someone close; severe injury or illness to themselves or someone in their life; or history of abuse or neglect. In addition, it is important for interviewers not to overlook the effects of trauma commonly experienced by older generations such as historical trauma, racial trauma, and trauma resulting from persecution (e.g., persecution of one's sexual orientation or gender identity; see ["A Life Course Perspective on Older Adults"](#) for more information on historical trauma, racial trauma, and trauma resulting from persecution). It is also important to recognize that the current victimization that is being investigated may be experienced as a traumatic event. This level of prevalence is why forensic interviewers must ensure all interviews are conducted utilizing a trauma-informed approach for older adults.

To accomplish this, interviewers must incorporate an approach based on their knowledge of trauma and the impact of trauma into the entire interview process. A trauma-informed approach involves understanding that trauma can always be present and requires a change in mindset from "what's wrong with you?" to "what happened to you?" This approach requires honing empathy and compassion skills while appreciating another individual's emotions with understanding and without judgment. Without these specialized skills, professionals risk reverting to the "what's wrong with you?" mindset and perhaps retraumatizing the older adult during the forensic interview (National Council on Behavioral Health, 2016).

Forensic interviewers must also understand the impact of trauma on memory. For example, memory components that may affect interviewing, such as free and cued recall, can be different for older adult survivors of post-traumatic stress disorder (PTSD; Golier et al., 2006). When asking questions, forensic interviewers are trained to create trauma-informed opportunities so the older adult can recount their experience in their own words, ask questions that minimize suggestibility, and work to minimize any possible negative impact on the older adult.

See additional information from the Centers for Disease Control and Prevention (CDC) and Substance Abuse and Mental Health Services Administration (SAMHSA)'s National Center for Trauma-Informed Care (NCTIC) here:

https://www.cdc.gov/cpr/infographics/00_docs/TRAINING_EMERGENCY_RESPONDERS_FINAL.pdf.

Strength-Based Perspective

The perspective that interviewers take during a forensic interview will have many effects when working with older adults who have experienced abuse. Historically, professionals across disciplines have adopted a deficit-based perspective that solely considers perceived risk factors and deficits of individuals, ignoring their rich and varied life experiences, skill sets, knowledge, and community resources. Older adults have lived through a lifetime of achievements, new opportunities, lifespan milestones, and difficult and traumatic events (Chapin et al., 2016). They have developed effective coping strategies and resilience. Ignoring an older adult's individual and environmental strengths may ultimately affect the dynamics in the interview and the quality of information gathered throughout the investigation process. Therefore, conducting an effective forensic interview begins with a shift in perspective from a deficit-based perspective to a strengths-based perspective.

Adopting a strengths-based perspective requires an interviewer to focus on the older adult's positive traits and resiliency factors (Janssen et al., 2011). A strengths-based perspective values fostering trust and respect between interviewer and older adult in addition to reducing the inherent power

differential, which is critical to developing rapport with individuals being interviewed. When interviewers focus on strengths rather than weaknesses in their questioning, interviewers are more likely to ensure that the older adult is heard more completely, which will allow for a more successful interview and investigation.

PRE-ASSESSMENT

PRE-ASSESSMENT

Question Types

When interviewing older adults, it is important to consider interviewer questioning techniques. As with any forensic interview, interviewers should focus on using question strategies aimed at eliciting reliable and accurate information. In general, interviewers should focus on asking questions that solicit free recall (i.e., open-ended questions). Research in interviewing adults of any age has long supported the use of open-ended over close-ended questions as it allows the individual to recall and report their experiences reliably (Brubacher & Powell, 2019; Cassel, Roebbers, & Bjorklund, 1996; Geiselman & Fisher, 2014; Poole & White, 1991).

However, research has also demonstrated that although interviewers know it is more desirable to ask open-ended questions, they often utilize more close-ended questions instead (Oxburgh et al., 2010). When interviewers pose close-ended questions, the focus of the interview shifts from what the older adult knows to what the interviewer “needs” to know and may introduce the risk of gathering inaccurate and/or influenced information. Interviewers should instead focus on asking open-ended questions that will be more likely to solicit information from the older adult as they remember it, allowing them to be the expert in their experiences.

There are four categories of questions to consider when interviewing older adults:

1. Narrative Prompt
2. Open-Focus
3. Choice
4. Yes/No

Narrative Prompt

Narrative prompts are statements that allow the older adult to report everything they know. Prompts are considered more reliable than traditional open-ended questions when interviewing older adults, as they solicit information through free recall. When prompts are posed, older adults commonly respond utilizing more than one word or short phrases.

Examples:

"Tell me everything about your pets."

"You said that you went to the park on Wednesday. Tell me more about going to the park."

Open-Focused

Open-focused prompts are open-ended questions that direct the older adult's focus on a particular response category (e.g., person, place, time). Open-focused prompts often are framed as "wh" questions that allow for a wide range of responses from an older adult (e.g., one-word responses, short phrases, or narrative responses).

Examples:

"What happened after you went to the movies?"

"Who was in the room?"

Choice

Choice questions are close ended that commonly include "or" in the question. Choice questions are posed by giving two or three options in addition to a "something else" option. The "something else" option is essential to reduce influenced, inaccurate information.

Examples:

"Did it happen in the day room, the dining room, or someplace else?"

"Were your clothes on, off, or something else?"

Yes/No

Yes/No questions are closed-ended questions that encourage a one-word response. Interviewers should not rely on yes/no questions alone during a forensic interview with an older adult, as this type of prompt shifts the focus to what the interviewer “needs” to know rather than focusing on the information the older adult remembers. Many individuals will respond with additional information when a yes/no question is posed “yes, and ...”; however, interviewers should still limit this type of question as it is not the most reliable way to obtain additional information.

Examples:

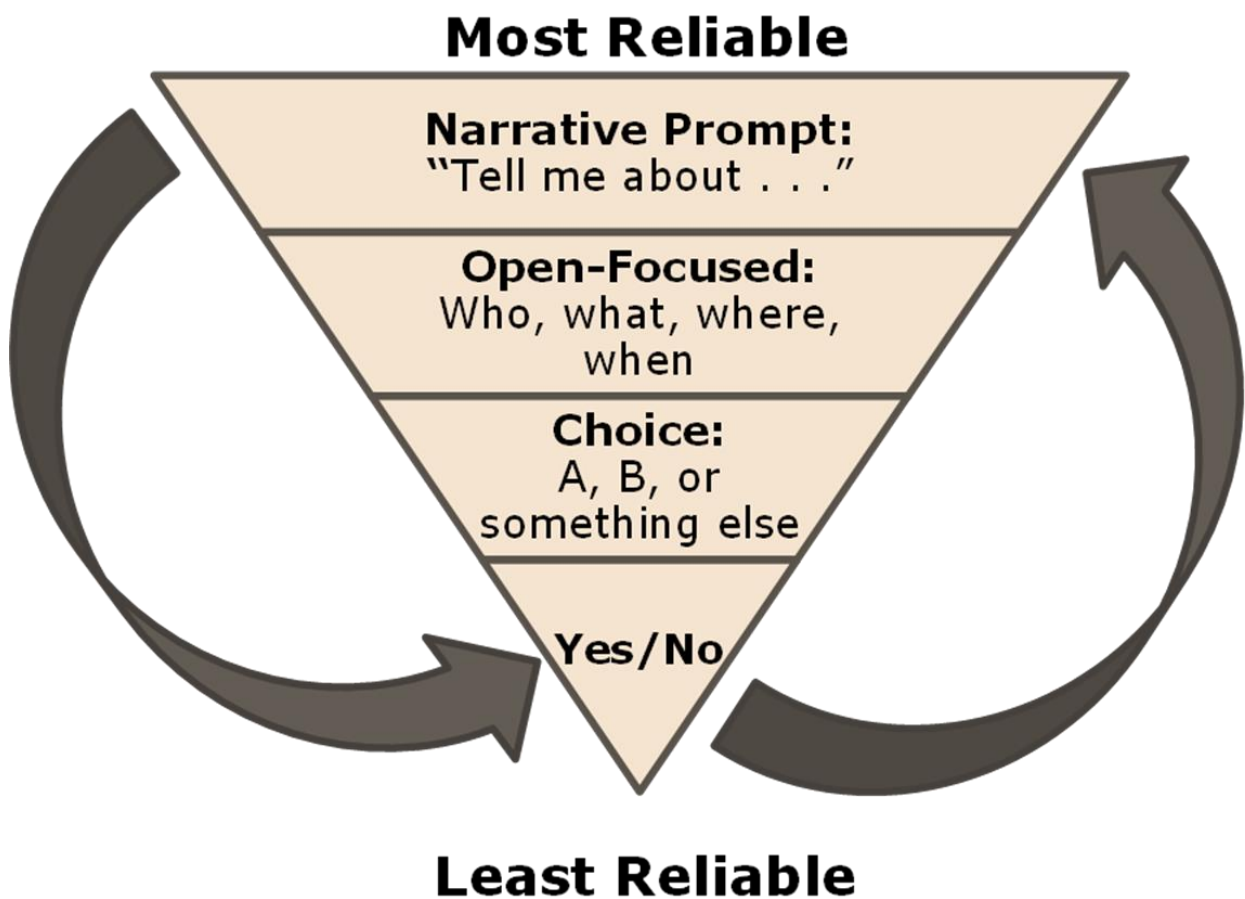
“Did they have a gun?”

“Did they say something?”

As with any interaction, interviewers are responsible for tailoring the interview to meet the needs of each older adult. When asking questions during an interview, an interviewer should tailor question types posed to match the individual's abilities and needs while utilizing the most open-ended questions possible.

The Recycling Funnel Model

Interviewers should be mindful of the questions they are posing during a forensic interview. To conceptualize this, interviewers may utilize the recycling funnel model. Questions are placed on the funnel based on their openness and reliability in an interview. Narrative prompts are placed at the top of a funnel, while yes/no questions are placed at the bottom end of the funnel, as described by the graphic below.



Each question type serves a purpose during a forensic interview. During an interview, it may be necessary for interviewers to ask choice or yes/no questions in order to obtain important investigative information not otherwise gathered through narrative prompts and open-focused questions. In order to

maximize reliable information garnered through the interview process, interviewers should utilize a technique called “recycling.” When interviewers pose yes/no questions, they should immediately find opportunities to “recycle” back up the funnel to open-ended questions (e.g., asking *“Tell me about that”* following a yes/no question).

Narrative Interview Mapping

Narrative Interview Mapping is a technique developed by Dr. Mark Everson and colleagues for visually summarizing the type and sequence of questions used in a forensic interview. Interviewers may utilize this technique as a method of providing feedback about question patterns during peer review and/or self-review. This method of review places emphasis on assessing an interviewer’s use of forensic interviewing best practice standards (e.g., use open vs. close-ended questions, good recycling habits, etc.) and highlights an interviewer’s strengths and weaknesses when asking questions throughout a forensic interview.

The four categories of questions are emphasized:

- 1) Narrative prompts (e.g., *“Tell me about the knife.”*)
- 2) Open-focus questions (e.g., *“What color was his shirt?”*)
- 3) Choice questions (e.g., *“Were you in the day room, the dining room, or someplace else?”*)
- 4) Yes/no questions (e.g., *“Did they say something?”*)

Questions asked during an interview are numbered in sequence and recorded on the Narrative Interview Mapping Funnel (Appendix IV) under the appropriate question category. When a yes/no question is posed, any “yes” or positive answer is circled. Circling the yes/no questions that elicit a positive response allow the interviewer to observe their recycling habits by examining what kind of question they asked immediately following the yes/no question. Ideally, the interviewer would employ good recycling habits and follow this question with a narrative prompt such as, *“Tell me about that.”*

Example of Interview Mapping

Question 1

Interviewer: *"Tell me about going out to dinner last night."*

Interviewee: *"We went out to dinner for my daughter's birthday. My husband and I wanted to treat her to her favorite meal."*

Question 2

Interviewer: *"Where did you go eat?"*

Interviewee: *"We went to a steakhouse called Johnny's."*

Question 3

Interviewer: *"Did anyone else go with you?"*

Interviewee: *"Yes, my daughter brought a friend named Tammy."*

Question 4

Interviewer: *"Tell me about Tammy."*

Interviewee: *"My daughter works with Tammy."*

Question 5

Interviewer: *"When you were at Johnny's, did you sit at a table, a booth, or someplace else?"*

Interviewee: *"We sat in a booth."*

Question 6:

Interviewer: *"Tell me everything that you saw from the booth where you sat."*

Interviewee: *"They had lots of black and white photos on the wall. There was one photo near our table that I could see a family dressed up standing outside of the restaurant. It looked like it was from the 1960s."*

Question 7:

Interviewer: *"Tell me what everyone in the family was wearing."*

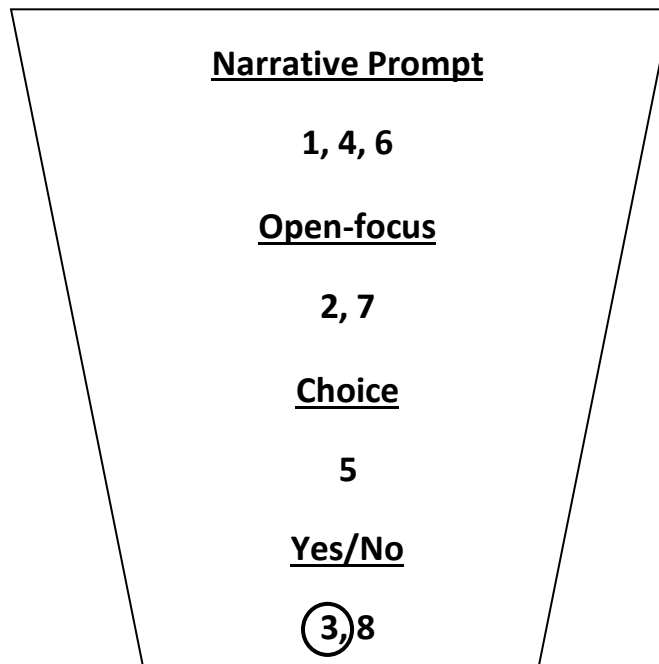
Interviewee: *"They were dressed up. There was a man wearing a suit, a woman wearing a cocktail dress, and a young girl wearing a dress with a big bow."*

Question 8:

Interviewer: *"Do you remember anything about any other pictures on the wall?"*

Interviewee: *"No."*

Sample Mapping Score



Pre-Assessment Instructions

This pre-assessment practicum was developed and adapted from “Taking AIM: Advanced Interview Mapping for Child Forensic Interviewers” (Everson et al., 2020). The use of this tool does not mean that interviewing older adults is exactly like interviewing children. While this tool was developed focusing on children, the central tenants of utilizing non-leading, legally defensible question types remain the same in any forensic interview, regardless of the victim’s age. As previously stated, narrative interview mapping is one tool interviewers may utilize as a method of providing feedback about question patterns during peer review and/or self-review.

Purpose: To provide a baseline for interviewing skills and abilities. In addition, this pre-assessment will allow instructors and participants to track their progress, knowledge, and skill development throughout the training.

Instructors should encourage participants to use their existing interviewing skills during this pre-assessment, including a reminder that this training is to enhance and diversify their skills when interviewing older adults.

This activity focuses on the disclosure (allegation) portion of the interview only. Participants will have an opportunity to conduct a full interview on the final day of the course.

Materials:

- Timer
 - Each participant will have four minutes to conduct a pre-assessment interview.

- Pre-Assessment Case Scenarios (Included in Appendix I)
 - Participants will be assigned case scenarios before the pre-assessment practicum. Participants will utilize this same case scenario throughout the entire course.

- Narrative Interview Mapping Funnel (Appendix IV)
 - Each participant will have an opportunity to map another participant's interview utilizing the "Narrative Interview Mapping Funnel."

Duration:

This entire activity should take approximately 30 minutes. Be sure to keep each practice interview to **4 minutes**. This amount of time will allow maximum time for discussion and questions from participants.

In-Person Instructions:

1. Assign each participant a case scenario from Appendix I.
 - Case 1: May**
 - Case 2: Allen**
 - Case 3: Benny**
 - Case 4: Camille**
 - Case 5: Judy**
 - Case 6: Kishan**
2. Break the participants up into teams of three participants each.
3. There are three alternating roles (interviewer, interviewee, and recorder):
 - Interviewer:
 - Assume that the interviewer and interviewee have established rapport and completed the early stages of the interview.
 - Begin the interview after the interviewee makes an initial disclosure statement.
 - Obtain as much information as possible about the event or events in question.

- Interviewee:
 - Assume rapport has been established and narrative event practice has taken place.
 - Start by making the disclosure statement.
 - Be cooperative, but only answer the specific question asked (i.e., If a yes/no question is asked, answer only “yes” or “no” and do not elaborate.)
 - Make the interviewer work to get the information (i.e., do not just volunteer information).
 - Make up additional case details as needed (names, locations, hobbies, etc.).

 - Recorder:
 - Pay attention to the question the interviewer asks.
 - Write the question as stated (use shorthand as a necessary, the root of the question is very important to record e.g., “**Where** were you?” “**Tell me everything** about Jane.”)
 - Number each question as you go.
 - If a yes/no question is asked circle the question number if the response is “yes.”
4. Each group should decide who will be the first interviewer. This interviewer will have 4 minutes to complete a pre-assessment interview.

 5. This process repeats until all participants have played each role (i.e., interviewer, interviewee, and recorder). Instructors should wait to facilitate discussion until all rounds of the pre-assessment are complete.

 6. After all rounds of the pre-assessment are completed, provide instruction on question types, the recycling funnel model, and Narrative Interview Mapping (see content areas above for guidance on teaching this material).

7. Then the recorder will give the list of questions they recorded to the interviewer.
8. Each interviewer will number each question on the map ([Appendix IV](#)).
Instruct the interviewer to examine if their interviews for the following:
 - Funnel being top heavy or bottom heavy
 - Top Heavy: The majority of questions asked are open-ended (e.g., Narrative Prompts and/or Open Focused Questions). This approach is desirable.
 - Bottom Heavy: The majority of questions asked are close-ended (e.g., Choice Questions and/or Yes/No Questions).
 - Recycling habits
 - Good recycling habits are demonstrated when an open-ended question follows a close-ended question.
 - Productivity of narrative prompts
 - Narrative prompts are productive when a narrative prompt is answered with a narrative response rather than single words or short phrases.
 - Length of yes/no strings
 - Yes/no strings occur when more than one Yes/No question is asked in a row. In general, for older adults who speak using vocal-verbal communication, this approach is not desirable.
9. Once groups have finished sharing, instructors should facilitate a discussion with the whole class. Proposed discussion questions:
 - How did it feel to be the interviewer?
 - What did you notice about the question types you asked during the interview?
 - What did you notice about the sequence of questions you asked during the interview?
 - How did it feel to be interviewed?
 - What did you notice about being the recorder?

- Did you feel tempted to ask close-ended questions?

Note: If only two are available in a group, an instructor may serve as the interviewee. If an instructor is not available, the interviewee will also serve as the recorder by marking the types of questions that the interviewer asks.

Virtual Instructions:

1. Provide instruction on question types, the recycling funnel model, and Narrative Interview Mapping (see content areas above for guidance on teaching this material).

2. Assign each participant a case scenario from Appendix I.

Case 1: May

Case 2: Allen

Case 3: Benny

Case 4: Camille

Case 5: Judy

Case 6: Kishan

3. Break the participants up into teams of three participants each.

4. There are three alternating roles (interviewer, interviewee, and recorder):

- Interviewer:

- Assume that the interviewer and interviewee have established rapport and completed the early stages of the interview.
- Begin the interview after the interviewee makes an initial disclosure statement.
- Obtain as much information as possible about the event or events in question.

- Interviewee:

- Assume rapport has been established and narrative event practice has taken place.

- Start by making the disclosure statement.
 - Be cooperative, but only answer the specific question asked (i.e., If a yes/no question is asked, answer only “yes” or “no” and do not elaborate.)
 - Make the interviewer work to get the information (i.e., do not just volunteer information).
 - Make up additional case details as needed (names, locations, hobbies, etc.).
- Recorder:
 - Pay attention to the type of questions that the interviewer asks and assess where they belong on the map.
 - Number each question asked on the provided interview mapping funnel ([Appendix III](#)).
 - Circle the question number of all yes/no questions generating a “Yes” answer (or its equivalent).
5. Each group should decide who will be the first interviewer. This interviewer will have 4 minutes to complete a pre-assessment interview.
 6. This process repeats until all participants have played each role (i.e., interviewer, interviewee, and recorder). Instructors should wait to facilitate discussion until all rounds of the pre-assessment are complete.
 7. After all rounds of the pre-assessment are completed, teams should provide feedback to the interviewer they recorded. Teams may discuss the following:
 - Funnel being top heavy or bottom heavy.
 - Top Heavy: The majority of questions asked are open-ended (e.g., Narrative Prompts and/or Open Focused Questions). This approach is desirable.
 - Bottom Heavy: The majority of questions asked are close ended (e.g., Choice Questions and/or Yes/No Questions).

- Recycling habits
 - Good recycling habits are demonstrated when an open-ended question follows a close-ended question.
- Productivity of narrative prompts
 - Narrative prompts are productive when a narrative prompt is answered with a narrative response rather than single words or short phrases.
- Length of yes/no strings
 - Yes/no strings occur when more than one Yes/No question is asked in a row. In general, for older adults who speak using vocal-verbal communication, this approach is not desirable.

8. Once groups have finished sharing, instructors should facilitate a discussion with the whole class. Proposed discussion questions:

- How did it feel to be the interviewer?
- What did you notice about the question types you asked during the interview?
- What did you notice about the sequence of questions you asked during the interview?
- How did it feel to be interviewed?
- What did you notice about being the recorder?
- Did you feel tempted to ask close-ended questions?

Note: If only two are available in a group, an instructor may serve as the interviewee. If an instructor is not available, the interviewee will also serve as the recorder by marking the types of questions that the interviewer asks.

ELDER ABUSE DEFINITIONS

ELDER ABUSE DEFINITIONS

Elder Abuse

Elder abuse is “a complex cluster of distinct but related phenomena involving health, legal, social service, financial, public safety, aging, disability, protective services, and victim services, aging services, policy, research, education, and human rights issues. It, therefore, requires a coordinated multidisciplinary, multi-agency, and multisystem response” (Connolly et al., 2014, p. 5).

There is no universal definition of elder abuse, and state and federal statutes use diverse definitions. Frameworks for the phenomenon have been developed for various purposes such as public health, benefits, eligibility for APS programs, and civil and criminal actions. Similarly, there is no single definition of *elder* or *older adult*.

Many definitions of elder abuse require “that some injury, deprivation, or dangerous condition has occurred to the elder person and that someone else bears responsibility for causing the condition or failing to prevent it” (Bonnie & Wallace, 2003, p. 40). The context of the abuse includes a relationship in which there is a societal expectation of trust, such as intimate partner, family member, caregiver, or person who has a fiduciary relationship with an older adult, such as an attorney-in-fact, guardian, or trustee. A trust relationship is “a caregiving relationship, or other familial, social, or professional relationship where a person bears or has assumed responsibility for protecting the interests of the older person or where expectations for care or protection arise by law or social convention” (Bonnie & Wallace, 2003, p. 39).

Table 2. Definitions of Elder Abuse

Source	Definition
National Research Council	“Intentional actions that cause harm or create serious risk of harm, whether or not intended, to a vulnerable adult by a caregiver or other person who stands in a position of trust to the elder, or failure by a caregiver to satisfy the elder’s basic needs or to protect the elder from harm” (National Research Council, 2003, p. 1).
CDC	“Elder abuse is an intentional act, or failure to act, by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult” (CDC, 2020, para. 1).
United States Department of Justice (DOJ) Roadmap Project	“Physical, sexual or psychological abuse, as well as neglect, abandonment and financial exploitation of an older person by another person or entity that occurs in any setting (e.g., home, community or facility), either in a relationship where there is an expectation of trust and/or when an older person is targeted based on age or disability” (Connelly et al., 2014, Appendix A, p. 2).
World Health Organization	“A single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person” (World Health Organization, n.d., para. 1).
Elder Abuse Prevention and Protection Act of 2017 (Public Law 115–70)	“Includes abuse, neglect, and exploitation of an elder”; this is further defined in Section 2011 of the Social Security Act (42 U.S.C. 1397j: Abuse: “The knowing infliction of physical or psychological harm or the knowing deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm.”

Caregiver: “An individual who has the responsibility for the care of an elder, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law, and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an elder who needs supportive services in any setting.”

Exploitation: “The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an elder for monetary or personal benefit, profit, or gain, or that results in depriving an elder of rightful access to, or use of, benefits, resources, belongings, or assets.”

Elder: “An individual age 60 or older.”

Neglect: “The failure of a caregiver or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an elder; or self-neglect.”

These definitions of elder abuse that describe both criminal and non-criminal acts, provide a way to frame and distinguish elder abuse from other acts (criminal or non-criminal) committed by and against older adults (e.g., self-neglect, stranger crimes, and many scams and frauds). This framework excludes some of these kinds of cases that are investigated by APS or eligible for protective court proceedings, such as guardianship.

Note: Not all jurisdictions use the term *guardianship*. Some use *guardianship* to refer to protective proceedings for the personal and medical needs of a person requiring protection; others use the term *conservatorship* to refer to protective proceedings for financial matters; still others use *conservatorship* to refer to both. In this document, we will use the term *guardianship* to refer to both kinds of proceedings—the person and finances of a person requiring protection.

Just as there is no single definition of elder abuse, there is no single accepted age when a person becomes an elder. For example, both the Elder Abuse Prevention and Prosecution Act of 2017 and Older Americans Act of 1965 (42 USC §3002(38)) define an older adult as 60 years of age or older. The DOJ, Office on Violence Against Women's Enhanced Training and Services to End Abuse in Later Life Program, defines its target population as persons 50 and above. Many tribal communities define an elder as 50 or 55 or older. Social Security and Medicare programs use the age of 65. Some states do not use an age definition at all but include all adults (age 18 and older) who have a physical, developmental, or intellectual disability that makes them unable to meet their basic needs or protect their legal rights.

Proof in Elder Abuse Cases

Depending on the jurisdiction, responding system, and agency, various laws and regulations will guide how elder abuse is reported and handled and will establish the applicable standard of evidence or burden of proof required for civil and criminal proceedings. For example, some states and tribes have specific elder abuse or vulnerable adult abuse criminal laws, while others rely on common law and statutory crimes to hold offenders accountable. Such criminal actions are usually subject to the legal standard of guilt beyond a reasonable doubt.

Every state (except New York) the District of Columbia, and the territories and possessions of the U.S. have enacted elder or vulnerable adult abuse reporting statutes ([APS Reporting Statutes](#)) that mandate certain professionals or all persons to report suspected abuse to an identified protective services or criminal justice agency. The standard to report is usually "reasonable suspicion."

Allegations meeting eligibility criteria (which differ from jurisdiction to jurisdiction) are investigated, usually by a protective services agency, to evaluate risks and offer services and interventions to reduce risks and protect clients. The standard of proof for founding an allegation is typically preponderance of the evidence. If cases require civil interventions such as guardianship or a restraining order, the legal standard is preponderance or clear and convincing evidence, depending on local laws. These standards are defined in the next section.

Standards/Burdens of Proof

There are four legal burdens of proof relevant to elder abuse matters. These standards of evidence, also called burdens of proof, describe the quantum of information required to take an action or make a legal finding of culpability.

Table 3. Standard of Proof

Standard/Burden	Definition
Reasonable Suspicion or Belief	<ul style="list-style-type: none"> • The minimal amount of information sufficient to initiate an inquiry or investigation • Requires some information indicating a reason a person is concerned that an older person is being harmed that is reported to APS or a 911 call about a suspected illegal action that is occurring or has occurred
Preponderance of Evidence and Probable Cause	<ul style="list-style-type: none"> • The evidence makes the allegation more likely than not • The lowest burden of proof in the civil justice system: <ul style="list-style-type: none"> ○ Amount of evidence to prevail in a civil lawsuit, such as for negligence after a car accident or a slip and fall in a business ○ The standard for most APS programs to confirm an allegation of abuse has occurred • Called “probable cause” in criminal law and is the amount of evidence required to make an arrest
Clear and Convincing Evidence	<ul style="list-style-type: none"> • Proof that establishes that the fact or element is highly probable and leaves the fact finder with a firm conviction or belief that the cause is true • Standard often used when deciding if someone can be placed on an abuser registry • Frequently a state’s standard for a court to order guardianship or conservatorship (American Bar Association Commission on Law and Aging [ABA COLA] Standard of Proof) • Often used in fraud actions or when seeking equitable relief

Beyond a Reasonable Doubt	<ul style="list-style-type: none">• Legal standard to convict someone of a crime• The highest burden of proof in law• Defined as proof that leaves the trier of fact with an abiding conviction that the charge is true and there is “no other reasonable explanation that can come from the evidence presented at trial” (Cornell Law School, 2020)
---------------------------	--

Forms of Elder Abuse

Interviewers should work with their team or community partners to become familiar with local statutes to see which forms of abuse may be included in their jurisdictions, including criminal and civil statutes, reporting laws, and eligibility for APS assistance (these statutes can be found at [Elder Justice Statutes](#)). Elder abuse typically encompasses several forms of conduct, which are defined in different ways across jurisdictions. Not all instances of elder abuse rise to the level of a crime.

These definitions of types of elder abuse come from The National Center on Elder Abuse:

Physical: “Intentional use of physical force that results in illness, injury, pain or functional impairment”

Physical abuse may include over- or under-medicating an older adult to make them compliant, confused, less able to recognize or report, or keep them quiet; forced feeding; and improper use of chemical and other restraints. It also includes domestic violence and abuse in later life and strangulation and suffocation committed against older adults. These actions may be undetected and result in death when the victim would have survived the assault in earlier life.

Sexual: “Non-consensual sexual contact of any kind”

Sexual abuse includes acts committed upon a person unable to give legal consent to sexual contact. It includes the following:

- Hands-on conduct (e.g., various sex crimes, forced production of pornography)
- Hands-off conduct (e.g., forced watching of pornography or sex acts)
- Harmful genital practices (e.g., painful, intrusive, and unnecessary cleaning; inspection or handling for the perpetrator’s sexual gratification; Ramsey-Klawnsnik, 1996).

Older victims who are sexually abused by family members are often living with dementia and are dependent on others for care and the management of

their assets. Sexual abuse may also be part of a pattern of complex, multifaceted, intimate partner abuse (Ramsey-Klawnsnik, 2003).

Neglect by a caregiver: “Caregivers or other responsible parties failing to provide food, shelter, health care, or protection”

Neglect is the failure to act by one with a duty to act (duty of care) on behalf of a person unable to provide for their own needs or to protect their legal rights. While there are variations regarding the relationships that give rise to a legal duty of care across jurisdictions, a person can be a caregiver because they are paid to provide care (contractual relationship), because of a legal relationship such as a spouse or guardian, or because they have assumed care and are not free to simply abandon the care recipient.

Victims of neglect often have significant physical and mental impairments and are dependent on others for care. Many neglected older adults are unable to describe their victimization and, because of their condition, may be easily isolated so that the conduct is not detected.

A caregiver may provide personal care or have the duty to arrange for and compensate caregivers. Such a duty may arise through a power of attorney, guardianship, contract, or other agreement.

Abandonment: Some jurisdictions include additional forms of abuse to their laws, such as abandonment. Abandonment is the desertion of an elderly person by an individual who has assumed responsibility for providing care for an older person or by a person with physical custody of the older person (National Center on Elder Abuse, n.d.). In jurisdictions that do not include abandonment, the conduct is usually included in other forms, such as neglect.

Financial: “Misappropriation of an older person’s money or property”

Financial exploitation includes the illegal or improper use of an elder’s funds, property, or assets. These are some examples:

- Taking or selling things without permission
- Making older adults sign legal documents they do not understand
- Forcing an older adult to give away something that belongs to them
- Impersonating the older adult to obtain goods or money
- Keeping money that belongs to the older person, stopping the older person from using their own money
- Keeping information about the person’s assets from the older person (DOJ, Elder Justice Initiative, n.d.)

Some—but not all—victims have physical and cognitive deficits that interfere with their ability to understand financial transactions or pay bills.

Financial exploitation is sometimes divided into two categories: financial abuse and elder fraud. “Exploitation may also involve coercion, enticement, intimidation, and/or undue influence for one’s own profit or benefit. As distinct from fraud, financial abuse involves a breach of trust between a vulnerable older person and a family member, close friend, caregiver, or person in a position of trust who misuses the elder’s funds to serve his or her own needs at the elder’s expense” (Deliema & Conrad, 2017, p. 141). In elder fraud cases, scams are committed by perpetrators not personally known to their victims (Deane, 2018; Deliema & Conrad, 2017).

Scams: Perpetrators have several ways of encountering and engaging with their victims. Some meet their victim through face-to-face engagement, online, via telephone, or through the mail. The majority of scams that specifically target older adults focus on the following:

- Financial gain for the older adult (e.g., lottery scams)
- A desire for an intimate relationship (e.g., romance scams)
- Providing help (e.g., grandchild scam)
- Compliance with authority (e.g., warrant out for arrest scam)
- Fear of loss of benefits or safety (e.g., social security scam)

The interviewer should be aware that these scams are constantly evolving. The names of scams are not as important to the interviewer as an understanding of how they occur. The use of the name of a specific scam with an older adult during an interview is often irrelevant. The interviewer should understand that in each of these scams, the perpetrator has convinced the older adult to trust that they have the victim's best interest in mind. Perpetrators may say, "if you send money, I can keep you from being arrested" or "if you send money, I can come to visit you, and we can spend time together." Perpetrators build and then exploit that trust in almost all forms of scams.

While many of these scam types target older adults, being a victim of the scam does not indicate a cognitive deficit, a lack of intelligence, or a victim's weakness. Instead, it is possible that the older adult may not want to believe they are the target of fraud or may not share possible fraud with their family members due to feelings of embarrassment and guilt. A strengths-based approach to the interview is critical to support the older adult who may be embarrassed or ashamed that they were the victim of a scam. (More information can be found about scams in Appendix VIII.)

Emotional/Psychological: “Inflicting mental pain, anguish, or distress on a person”

Emotional abuse is accomplished through verbal and nonverbal acts, many demeaning or degrading of the victim.

Examples include these:

- Stalking in later life
- Bullying
- Vandalism of the victim’s prized possessions
- Refusing to talk to an older adult
- Infantilizing an older person
- Isolation
- Threatening abuse of a pet/abuse of a pet

Emotional/psychological abuse, such as threats to place an older adult in a nursing home, can be used to dissuade or prevent the reporting of physical abuse or financial exploitation or to facilitate other forms of abuse. (See Multiple Victimization Events/Polyvictimization on page 45.)

Multiple Victimization Events/Polyvictimization

Some perpetrators engage in a single form of abuse, though individual acts may recur (i.e., multiple victimization events or multivictimization).

Sometimes, multiple forms of abuse co-occur. Called polyvictimization, it is defined in the elder abuse framework as follows: “when a person aged 60+ is harmed through multiple co-occurring or sequential types of elder abuse by one or more perpetrators, or when an older adult experiences one type of abuse perpetrated by multiple others with whom the older adult has a personal, professional or care recipient relationship in which there is a societal expectation of trust” (Ramsey-Klawnsnik et al.,2014, p. 15).

U.S. studies have estimated that 30% to 40% of older abuse victims reported to APS experience multiple forms of victimization by the same offender. In one study, 34% of investigated APS reports involved financial exploitation, accompanied by either neglect or physical abuse. A study of APS cases in

Cleveland found that polyvictimization occurred in 89.7% of cases in which psychological abuse or neglect occurred (Ramsey-Klawnsnik, 2017).

Rates of polyvictimization among persons living with dementia are significant. One study of 129 community-dwelling persons living with dementia and their caregivers found that elder abuse occurred in nearly half of the cases, with more than one form of abuse committed in 31% of the cases. All physical abuse victims were also psychologically abused, neglected, or both (Wiglesworth et al., 2010).

Interviewers should always be aware that polyvictimization can happen in any setting. One study that assessed polyvictimization in both community-based and long-term care settings found that 15% of the older adults residing in a long-term care facility experienced two or more forms of elder abuse simultaneously. Residents who needed assistance with a larger number of activities of daily living (ADLs) were at greater risk of being abused in multiple ways. If a resident had been financially exploited, their risk for physical abuse, emotional abuse, and neglect increased substantially (Post, et al., 2010). Another study reviewed allegations of sexual abuse allegedly committed against residents living in facilities: 45% reported they had been sexually assaulted, 13% had been threatened by their abusers, and 19% had been victims of other forms of abuse (Ramsey-Klawnsnik et al., 2010).

See the "[Considerations for Polyvictimization and Multiple Victimizations](#)" section for additional considerations for disclosure of polyvictimization or multiple victimizations during a forensic interview.

Sometimes, as a result of abuse and neglect by another or other circumstances, an older person may become unable or unwilling to provide themselves with adequate necessities and resources for maintaining safety and independence (Dyer et al., 2007). It can take the form of physical, medical, and/or mental health neglect (Burnett et al., 2014).

Settings in Which Elder Abuse Occurs

Most older adults live in their homes in the community. Only about 1.5 million adults (or about 3.4% of people aged 65 and older) live in long-term care facilities such as nursing homes. Most abuse occurs in community (home) settings rather than institutional settings (Acierno et al., 2010; Kosberg & Nahmiash, 1996; Rosay & Mulford, 2017), which is not surprising given most older adults reside in community settings. Some 89.3% of reports to APS programs across the United States occur in domestic settings (Teaster et al., 2006).

Because elder abuse can occur in any setting, it is useful for interviewers to recognize that the response system for abuse occurring in long-term care settings differs from that of elder abuse committed against community-dwelling older adults (Daly, 2017). State regulation of long-term care facilities imposed by federal regulation results in a different response system. Resident abuse is within the jurisdiction of the state's survey and certification entity (with federal oversight) and the Medicaid Fraud Control Units, which are federally funded but 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. Further, only approximately half of APS programs have jurisdiction in long-term care settings.

Although the extent and nature of abuse in long-term care settings are not well studied, it is known that elder abuse is prevalent (Yon et al., 2019; National Center on Elder Abuse, n.d. Prevalence). Studies over the past several decades show similar results: a survey of nursing home staff found in the year prior to the study 36% had witnessed at least one incident of physical abuse, and 81% had seen at least one incident of psychological abuse (Pillemer & Moore, 1989). Remarkably, 19% acknowledged committing at least one act of physical abuse, and 40% admitting committing one or more acts of psychological abuse (Hearing, 2011). In a study that included 2,000 interviews with nursing home residents, 44% said they had been abused, and 95% said they had been neglected or seen another resident neglected (Broyles, 2000). In a third study, more than 50% of nursing home staff admitted to mistreating

(e.g., physical violence, mental abuse, neglect) older patients within the prior year. Two-thirds of those incidents involved neglect (Ben et al., 2010).

While the research and tracking are limited, there is increasing awareness of the forms that elder abuse takes in long-term care settings. These 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, and accelerated functional decline” (Daly, 2017, p. 70). The risk of elder abuse is increased for residents without family, friends, or advocates; those living on public assistance; and those who are aggressive (Brandl et al., 2007).

Institutional factors also increase the risk for abuse and neglect of residents in long-term care settings include the following:

- Stressful working conditions due to staffing shortages and other factors (understaffing in nursing homes results in neglect of residents and a 22% increase in hospitalizations; CMS, 2001)
- Staff burnout
- The combination of residents’ aggressive behaviors with inadequate staff training on managing problematic behaviors (Hawes, 1989)
- Poor hiring and staff screening
- Lack of management oversight and supervision

Resident-to-Resident Aggression

Another form of abuse in long-term care settings is resident-to-resident aggression (RRA), defined as “negative and aggressive physical, sexual, or verbal interactions between long-term care residents that in a community setting would be construed as unwelcome and have high potential to cause physical or psychological distress in the recipient” (Rosen et al., 2008). RRA is underreported but appears to be common (U.S. Government Accountability Office, 2002). According to the National Center on Elder Abuse (2013), RRA reports are the second most commonly reported type of abuse in long-term care facilities, accounting for 22% of all reports.

Key Concepts: Competency, Capacity, and Consent

Key to any discussion of elder abuse are the concepts of competency, capacity, and consent. Interviewers should be generally aware of these concepts because they may arise in pre- and post-interview meetings. They may be raised as reasons not to interview at all or when evaluating whether an older person provided credible information during the interview.

Competency

Competency and capacity are often used interchangeably, but they are separate and distinct concepts. Competency is a legal determination made by a court pertaining to whether someone is able to do certain things. The public is most familiar with competency to stand trial. For our purposes, however, testimonial competency is most relevant—whether a witness can give testimony.

All adults are presumed competent to testify unless and until a court determines otherwise. The legal standard is quite low—can a witness understand the duty to be truthful and communicate information so as to be understood? “Witness (including the victim) competency to testify requires a minimal ability to observe, recollect, and communicate information and understand the duty to tell the truth” (Aequitas, 2017, p. 16).

In a legal context, the determination of competency is all or nothing; a person cannot be almost competent—the person either is or is not competent at the time a court makes its ruling. Because the determination is time-specific, a person can be found incompetent today but be deemed competent on another day.

Capacity

In contrast, capacity is a clinical term describing a person’s physical and/or cognitive abilities (Falk & Hoffman, 2014). It focuses on a person’s functional abilities (such as to drive, manage their finances, and perform ADLs). Capacity may vary by the complexity of the act or decision, time of day, medications, illness, fatigue, trauma, and grief. Capacity is not all or nothing;

rather, it is task-specific, so a person may have certain capacities while lacking others.

Capacity is contextual and varies by the complexity of the task to be done or the decision to be made. The more significant the decision and the consequences of the decision, the higher the level of capacity required. "A person may have deficits relating to functional capacity, but still be competent to testify. A person may have certain functional capacities but be found legally incompetent to testify or stand trial" (Aequitas, 2017, p. 16).

Similarly, a person can have functional deficits (vision, mobility) but be able to report accurately and fully participate in an interview about what has occurred. The interviewer may need to modify the interview process by making changes to the interview setting, changing the interview location, providing sound amplification, and otherwise accommodating the functional needs of the older adult.

Capacity encompasses a broad range of concepts, but two particular types of capacity are decision-making capacity, which includes both the ability to make a decision, and executorial capacity, which is the ability to implement a decision.

Decision-making (also called decisional) capacity at the time of a critical transaction or event is the most common legal issue in elder abuse cases. A person's decision-making capacity to make a gift, execute a will, manage their financial affairs, accept or refuse medical treatment or services offered by APS, drive, marry, or enter into a contract may all be challenged.

All adults are presumed to have decision-making capacity unless and until it can be demonstrated otherwise. Decision-making capacity is determined by a person's ability to do the following:

- Understand the basic facts about a decision
- Appreciate how the decision relates to their personal situation, including their strengths and limitations
- Be able to reason and rationally evaluate information by comparing options and the consequences of alternative choices

- Be able to make an informed decision

Executorial capacity requires that a person is able to do these things:

- Formulate a plan
- Make changes in response to novel or changing conditions
- Delegate tasks to appropriate others when personally unable to implement the plan (Falk & Hoffman, 2014; Naik et al., 2008)

Financial Decisional Capacity

Given the extent of financial exploitation, cases often involve a person's financial decision-making capacity. This form of capacity is defined as "the capacity to manage money and financial assets in ways that meet a person's needs and which are consistent with his or her values and self-interest" (Marson et al., 2011). It includes financial literacy and requires executive function.

Financial capacity can decline in later life and may present as increasingly rash and irrational financial decision-making and may be a sign of mild cognitive impairment (MCI) or impending Alzheimer's disease (Marson & Sabatino, 2012). Declines in financial capacity can weaken a person's financial judgment and reduce their ability to understand the consequences of financial decisions, protect themselves from exploitation, or recognize their victimization (Deane, 2018). Declines in financial capacity or executive functioning should not be viewed as indicators that an older adult cannot provide reliable information during a forensic interview.

Executive function is the foundation for judgment and is essential for making complex financial decisions. It includes the ability to plan; organize, sequence, and process information; and regulate mood and affect. A person can have deficits in executive function without having dementia or memory impairment (Dyer et al., 2007; Institute of Medicine, 2015).

Consent

Consent is the most common defense in financial and sexual abuse cases and is often raised in caregiver neglect situations. Defense will often argue that the older adult consented to giving money to the offender or to the alleged sex act or refused offers to seek medical treatment.

Consent requires these components:

- The person who allegedly gave consent must have the decision-making capacity to make the decision and give consent as alleged (e.g., whether the older adult had the decisional capacity to deed his home to another, enter into a contract, or make a large gift).
- The person who allegedly gave consent must understand the true nature of the transaction (what they are consenting to) so they were not misled or deceived about or denied critical information.
- The person who allegedly gave consent did so freely and voluntarily without duress, threats, manipulation, or undue influence.

Even when a person with decision-making capacity seems to have consented, consideration should be given as to whether the consent was obtained through the use of undue influence. If the older adult did not have full knowledge of the true nature of what they agreed to or agreed because they were manipulated, threatened, or forced, they have not given legal consent. Interviewers should consider asking questions about conversations to screen for fraud, coercion, misrepresentation, or manipulation because these, too, vitiate consent. See "[Undue Influence](#)" for additional information on this topic.

Consent is intertwined with capacity: a person cannot give legal consent if they lack **adequate** decision-making capacity. Like capacity, consent is also fluid and may change from day to day and moment to moment, depending on the individual and their circumstances.

HISTORY OF ELDER ABUSE

HISTORY OF ELDER ABUSE

In the United States, attention to addressing the needs of older adults vulnerable to abuse and neglect can be traced back to the 1960s. The White House Conference on Aging in 1961 recommended a multidisciplinary effort to protect vulnerable older adults (NAPSA-Now.org, 2021). In 1962, amendments to the Social Security Act authorized funding to states to develop protective services units. Additionally, throughout the 1960s, the Administration on Aging funded several projects that provided protective services to older adults.

APS offered a social service approach to addressing abuse and neglect that remains in place today. Initially, protective services focused primarily on supporting individuals in situations of neglect through social service and civil legal remedies (Anetzberger & Thurston, 2021).

In the 1970s, attention to older adults' vulnerability took the next step from a primary focus on neglect to include physical abuse due to the first significant national press about elder abuse and federal legislative public hearings (Teaster et al., 2010). The terms "granny bashing" and "granny battering" started in the U.K. in 1975 and were used in the United States after these press articles and hearings. This conceptualization of abuse focused social service interventions on the physical assault of older adults, particularly older adult women, by family members in caregiving situations.

In contrast to child abuse interventions that included law enforcement as part of the solution, elder abuse interventions during the 1970s and 1980s remained focused almost exclusively on social service interventions. Even with the introduction of physical abuse, the theory was that family caregivers were abusers because of the natural stress of caregiving. This premise of why the abuse occurred directed social service interventions that could decrease stress to prevent abuse and did not include law enforcement intervention that would punish the overburdened caregiver.

"Research in the 1980s and 1990s concluded that while abuse *may* be the result of caregiver stress, it is often due to 'abuser psychopathology'" (McNeal & Brown, 2019, p. 100). As a result, interventions began to be based on

domestic violence models, with more criminal justice system involvement (McNeal & Brown, 2019).

By the end of the 1980s, the concept of victimization of older adults began to evolve even further. In 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 (Teaster et al., 2010). Despite this broad definition, abuse and neglect in caregiving situations continued to be the primary focus of protective services units during the 1990s, too often not involving law enforcement. Neglect cases, especially self-neglect cases, often required intensive and expensive social service interventions, leaving little funding for other aspects of elder abuse.

During the 1990s, there was an emerging trend to include a criminal justice framework for elder abuse (Connolly, 1997). Research had questioned the caregiver stress model as an explanation for abuse. All caregiving is stressful, and most caregivers successfully provide care without abusing the older adult. The focus of why abuse occurs started to look at the characteristics of the abuser that led to the violence, which was more closely aligned with a family violence model.

While national legislation was scant in supporting criminal justice interventions, more and more local jurisdictions started viewing elder abuse with a criminal justice approach. During this time, many states passed laws that criminalized the abuse and neglect of older adults and allowed for sentence enhancements for perpetrators if the victim was an older adult or a person with a disability.

In the early 2000s, elder abuse interventions started to be thought of as part of a framework of elder justice. In 2002, the Elder Justice Act was introduced. This act represented the first significant piece of legislation that added the concept of criminal justice to the spectrum of elder abuse interventions. In the executive summary for the act, Senator Breaux, the primary author of the bill, defined elder justice as “assuring that adequate public-private infrastructure and resources exist to prevent, detect, treat, understand, intervene in and,

where appropriate, prosecute elder abuse, neglect, and exploitation. From an individual perspective, elder justice is the right of every older American to be free of abuse, neglect, and exploitation” (Elder Justice Act, 2002).

The Elder Justice Act was passed 8 years later in 2010 as part of the Patient Protection and Affordability Act. However, the enacted version still focused primarily on public health and social services approaches to elder abuse (Congressional Research Services, 2020). It did not include the criminal justice responses to elder abuse contained in previous versions.

Throughout the 2000s to today, forensic techniques have started to become part of the approaches to elder abuse in some states and communities. Multidisciplinary fatality review and case review teams coordinate local responses between the social service and criminal justice systems to address gaps in responding to and preventing elder abuse in many jurisdictions (Taylor & Mulford, 2015). States continue to enact statutes criminalizing elder abuse, and in some cases, requiring training of law enforcement who respond to elder abuse.

In 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 (DOJ, 2020). This legislation focuses on the need for data, calling on several federal agencies to work together to better understand both the protective services and criminal elements of elder abuse. Notably, it assigned specific requirements to the DOJ to investigate and prosecute elder abuse crimes and to provide or make available training and resources for state elder justice professionals.

Today, elder abuse prevention and response work continue with new legislation being considered at the federal and state levels. Local jurisdictions continue to put together multidisciplinary task forces to address elder abuse in their communities. 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 AND INCIDENT RATES

STATISTICS AND INCIDENT RATES

Elder abuse is a problem that is only beginning to be understood. With the Elder Justice Act and Elder Abuse Prevention and Protection Act, there is a commitment to gain a better national understanding of the issue similar to what is learned from the data collected for child abuse. The following statistics are a snapshot of what is currently known about some critical components of elder victimization.

An aging U.S. population means there is a need for increased responses to victimization (Administration for Community Living, 2020).

- In 2018, more than one in every seven people in the United States was 65 years of age or older.
- In 2060, the population aged 65 and over is projected to be 94.7 million, more than twice its estimated population of 43.1 million in 2012.
- 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.
- In 2018, there were more older women (29.1 million) than older men (23.3 million).
- In 2018, nearly 10% of older adults lived below the poverty level.
- The 85 years and older population is projected to increase by 123% by 2040 to 14.4 million people.

Elder abuse is prevalent worldwide (World Health Organization, 2021).

- A 2017 study, based on 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 abuse by type finds psychological abuse to be the most reported at 11.6%, followed by financial abuse at 6.8% and neglect at 4.2%. Physical abuse and sexual abuse are the least reported at 2.6% and 0.9%, respectively.

Financial fraud/exploitation and neglect are the most common types of abuse in the United States (DOJ, 2020).

- Financial exploitation by a family member affects 5.2% of older adults, and neglect affects 5.1% of older adults in the United States.
- Psychological abuse is third at 4.6%.
- Physical abuse and sexual abuse account for a much smaller percentage, 1.6%, and .6%, respectively.

Elder abuse is significantly under-reported in the United States (New York State Elder Abuse Prevalence Study, 2011).

- The New York State Elder Abuse Prevalence Study found 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)

Abuse and neglect are occurring against older adults in long-term care at alarming rates (National Center on Elder Abuse, 2021).

- In a study of nursing home residents, 44% reported having been abused, and 95% reported having been neglected or seeing another resident neglected.
- In a nursing home staff study, more than 50% of nursing home staff admitted to mistreating older residents within the last year, including physical violence, mental abuse, and neglect.

IMPACT OF ELDER ABUSE

IMPACT OF ELDER ABUSE

Like other aspects of elder abuse, we are only beginning to understand the impact abuse, neglect, and exploitation have on victims' lives. The victimization experience can have devastating physical, psychological, social, and financial effects on older adults. Forensic interviewers must understand how abuse impacts victims to plan and conduct an effective interview.

Physical Health Impact

The acts of abuse can lead to immediate impacts on physical health (National Center on Elder Abuse, 2021). Physical abuse can cause injuries, including abrasions, lacerations, bruises, burns, fractures, head injuries, and internal organ damage. Neglect can cause physical health issues, such as skin breakdown, infections, and debilitation. Sexual assault often has similar injuries associated with physical abuse and includes additional health issues such as sexually transmitted diseases, urinary tract infections, and irritation or pain of the anus or genitals.

Some effects occur months and years after the abuse occurred. Less immediate physical health issues include general physical malaise, bone or joint problems, digestive problems, chronic pain, high blood pressure, or heart problems.

Any physical health impact can be incredibly detrimental to older adults because of slower recovery rates due to the natural aging body and sometimes preexisting medical issues (Podnieks, 2017). Even minor physical injuries can require older adults to seek medical care to prevent or address the potential of severe disabilities or death. Numerous studies have demonstrated a connection between abuse and the need for emergency department usage, hospitalization, hospice care, and nursing home placement. This association has been shown for physical abuse, sexual abuse, neglect, and even financial exploitation.

Older adults who are victims of polyvictimization experience multiple harms, including increased hospitalization (Dong & Simon, 2013), physical injury, psychosocial injury including depression and PTSD, financial loss, loss of home, and placement in a long-term care facility (Ramsey-Klaswsnik, 2017).

Abuse can also result in death. Studies have demonstrated that victims of abuse and neglect are at risk of early death up to three times higher than older adults who are not victims (Dong et al., 2009; Lachs et al., 1998; Yunus et al., 2017). A study that specifically looked at death rates within 5 years by category of abuse found that caregiver neglect was the number one type of abuse associated with early death; financial exploitation was second. Regardless of the kind of abuse, the threat of premature death is real (Burnett et al., 2016).

Implications for the Interview

Older adults who have experienced physical abuse may have physical conditions or needs that require accommodations during an interview. For instance, medication may hinder the person's ability to focus, so identifying an older adult's most alert time of the day may be a consideration. Assistive devices (wheelchair, walker, etc.) may be needed for the older adult to ambulate, in which case the interview space must be able to accommodate the device. Certain physical conditions may impede a person's ability to sit for prolonged periods of time or necessitate frequent changes in body position. These needs and the appropriate solutions should be determined prior to the interview. (See the "Pre-Interview Considerations" section for more information on potential required accommodations.)

Additionally, understanding the etiology of the physical condition due to physical or sexual abuse can prompt interviewers to establish a nexus between incidents of abuse and an older adult's current physical condition during an interview.

Psychological Health Impact

While physical health consequences to victimization are more easily identified and assessed, the impact on psychological health is often missed and unaddressed (Dong et al., 2013). Studies on the psychological effects of abuse have identified higher rates of depression, generalized anxiety disorder, PTSD, and poor self-reported health (Acierno, 2019; Dong et al., 2013).

Social support is a crucial factor for older adults in dealing with the psychological effects of abuse. In a key study, strong social support diminished the impact of elder abuse for depression and eliminated it for generalized anxiety disorder and self-reported poor health (Acierno, 2019). Rates of PTSD were the exception and were unchanged based on social support.

The psychological effects of abuse are not limited to physical abuse, neglect, and sexual abuse. The effects from financial abuse occur at similar rates to the other forms of abuse (Acierno, 2019). Even the risk of PTSD was more likely among those reporting financial exploitation within the last year than those reporting no mistreatment.

Implications for the Interview

When interviewing an older adult who is exhibiting symptoms of depression, it will be prudent to express empathy, normalize events, and listen empathically to increase rapport and subsequently increase engagement. The use of narrower, more focused questions may also help increase the engagement of the older adult in the interview process because they may be less inclined to provide free narrative responses.

Older adult interviewees who are experiencing anxiety and/or PTSD because of victimization may benefit when the interviewer does these things:

- Establishes the interview environment as a safe environment
- Addresses the concerns of the interviewee at the beginning of the interview
- Explains the interview process
- Empowers the interviewee with the knowledge that the interview is about helping them, they can elect to participate in the interview or not, they can end the interview at any time, and, if they do participate in the interview, they can decide whether they want to answer a question

The interviewer should be aware that avoidance behaviors are a hallmark of trauma-related disorders and should be attentive to the symptoms that are most prevalent as a means to guide the interview. The interviewer should be prepared to take breaks as needed.

Interviewers should be aware of how the effects of abuse impact the presentation of the older adult during a forensic interview. The older adult may appear withdrawn, be slow to respond, or seem hesitant to answer questions. Interviewers can work to overcome some of these barriers through spending extra time engaging in rapport building to reduce anxiety and increase familiarity with the interviewer and the interview process. Interviewers can also give opportunities for the older adult to feel empowered by offering choices throughout the interview, suggesting breaks, answering questions, and emphasizing informed consent.

Social Impact

As a result of various forms of elder abuse, social relationships are impacted families may be torn apart, and friends may stop visiting.

Implications for the Interview

Older adults who have been isolated from family and friends may exhibit a higher degree of dependency on the offender and demonstrate a reluctance to report acts of abuse. Further, they may minimize what occurred or blame themselves for the abuse. (See “Elder Abuse Dynamics” section for more information regarding the social impact of elder abuse.)

Financial Impact

While the exact costs are not known, expenses associated with elder abuse that impact the victim, family members, and the community are in the many billions annually (Connolly et al., 2014). Costs include health and medical expenses; costs to community services, justice systems, institutional settings, and care expenses; and labor costs (Spencer, 2000).

Many adverse events in long-term care facilities result from neglect and abuse related to inadequate treatment, care, and staffing. These impacts of elder abuse cost the government—and ultimately the taxpayers who fund Medicare and Medicaid—some \$2.8 billion each year in Medicare hospital costs and additional significant Medicaid costs (Office of Inspector General, 2014).

Financial exploitation results in tremendous losses to older adults. A recent study concluded that older adults lose \$36.48 billion annually to financial abuse (True Link, 2015). These losses include the following:

- \$16.99 billion to financial exploitation (defined as instances in which misleading or confusing language is used, often with social pressure and tactics to take advantage of cognitive decline and memory loss)
- \$12.76 billion to identity theft and scams
- \$6.67 billion to deceit or theft by someone in a trusting relationship with the older adult

Implications for the Interview

Older adults who are victims of financial exploitation may demonstrate reluctance to discuss their victimization due to shame and embarrassment. (See “Elder Abuse Dynamics” section for more information regarding the impact of financial crimes on older adults.)

Small Group Activity: Elder Abuse Impacts (15 Minutes)

This activity requires one instructor.

The purpose of this activity is to apply what participants have learned about elder abuse impacts and to consider the implications for the forensic interview.

In-Person Instructions

1. Participants should get into groups of 3 or 4.
2. In each group participants will have 10 minutes to discuss an assigned impact of elder abuse (below) and discuss the implications for the interview, including some ideas for addressing those impacts.
 - a. Groups 1 and 4: Physical
 - b. Groups 2 and 5: Psychological and Social
 - c. Groups 3 and 6: Financial
3. Inform participants to choose a designated group member to share with the large group after small group discussions have ended.
4. After 10 minutes, debrief as a large group.

Virtual Instructions

1. Participants will be randomly assigned to breakout rooms in groups of 3 or 4.
2. In each breakout room participants will have 10 minutes to discuss an assigned impact of elder abuse (below) and discuss the implications for the interview, including some ideas for addressing those impacts.
 - a. Groups 1 and 4: Physical
 - b. Groups 2 and 5: Psychological and Social
 - c. Groups 3 and 6: Financial

3. Inform participants to choose a designated group member to share with the large group after small group discussions have ended.
4. After 10 minutes, close the breakout rooms and debrief as a large group.

Instructor Guide:

- Ask participants to report what they discussed about impact and implications for the interview.
- Based on the impacts discussed, if in the interviewee's shoes would you report?
 - What barriers to reporting may be present?



**BIASES AND ASSUMPTIONS
ABOUT AGING**

BIASES AND ASSUMPTIONS ABOUT AGING

Class Activity: Bias and Assumptions

This activity requires one instructor.

The purpose of this activity is to assist participants in recognizing and understanding biases about older adults.

Instructions

1. Direct participants to the Bias and Assumptions Activity in their copy of the Participant Manual, read the following case scenario aloud, and display it on the PowerPoint slide:
 - a. 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. She reports that she saw stars and then things went dark. The next thing she knew she was lying on the floor.
 - b. 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.
2. Ask participants to think about how they would react. Next, ask participants to imagine how they would feel if the same situation happened to an individual who was 65, how about 85? What if the alleged offender was the child of the victim, or a caretaker?

Note: For virtual trainings, participants may choose to share their thoughts out loud or via the chat box.

Instructor Guide

Bias and assumptions class questions:

- Ask participants to think about any initial reactions or feelings they have to the case example.
- If someone is comfortable, they can either share aloud or share their thoughts in the chat box (for virtual trainings).
- Ask participants to recognize how they felt considering when the instructor asked them to consider the same scenario with a person of a different age or circumstance.
- Does their viewpoint change? If so, how?

Bias and assumptions discussion points:

- While most agree that physical assault is not okay, our biases sometimes give us a different perspective.
- Consider if you found yourself making excuses for the offender at any point.
- These are things to remember as we consider what this interview will look like.
- Be cautious to not have assumptions based on the little bit of information provided and encourage a strengths-based approach.

Ageism

The World Health Organization defines ageism as “the stereotyping and discrimination against individuals or groups on the basis of their age.” Ageism is one of the most pervasive yet unrecognized types of bias and prejudice in society. It is associated with “poor cognitive, functional, and mental health outcomes, employment harassment and discrimination, financial harms, and social marginalization” (National Center on Elder Abuse, n.d., p. 1). Forensic interviewers must be aware of how ageism can play out during an interview. For the most part, interviewers don’t mean to act in an ageist way. Still, the negative stereotypes that have dominated societal views about older adults and aging can easily influence forensic interviews.

Common Stereotypes of Aging

Everyone is inundated with messages about aging and what it means to get older. Some of these messages have been positive (e.g., caring grandparent, wise, wealthy, receiving government benefits, honest), but unfortunately, negative stereotypes are often predominant (Richardson & Shelton, 2006).

Here are some common negative stereotypes of older adults:

- 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.
- Intelligence declines in old age.
- Most people end up in a nursing home.
- Older adults all act alike.
- Older adults grow increasingly irritable and angry as they age.
- Older adults are not tech-savvy.

Although none of these are accurate or evidence-based, all of these negative stereotypes are common perceptions of younger adults about older adults. And it is not just the interviewer who may bring biases and assumptions to the interview—the older victim may also engage in ageist thinking about the interviewer. If the interviewer is perceived as young, the older adult may not see the interviewer as old enough to have the skills or maturity to conduct the interview. The interviewer may remind the older victim of a younger family member, which may inhibit their sharing details of what has happened.

Alternatively, the older person may be more trusting of the interviewer because they resemble a beloved family member. An interviewer should be prepared to address such biases and assumptions when they may be hindering the interview.

Addressing Stereotypes and Ageism in Forensic Interviews With Older Adults

Negative stereotypes can influence professional behavior. For example, research has found that younger adults often change their speech patterns when talking with an older adult (Corwin, 2018). Even when the person is cognitively sharp and socially alert, younger adults may switch to a condescending and patronizing language pattern or begin to speak loudly and slowly.

Acting on stereotypes can create numerous barriers to an effective interview, including humiliation, embarrassment, shame, disinterest, anger, fear, and distrust. An example specific to older adult victims is the stereotype that they do not make good witnesses, a stereotype used by abusers to keep victims from reporting. If a forensic interviewer believes this stereotype, they are less likely to take the older adult seriously, allow sufficient time for the interview, or make the necessary accommodations to support effective communication (Greenwood, n.d.).

Another example is the sexual abuse of older adults. Older adults are often stereotyped as not sexually active or desirable (Burgess, 2006). The danger of this stereotype is it can lead to disbelieving an older person who says they have been sexually assaulted and an interviewer failing to identify the signs of sexual victimization when interviewing an older victim or not asking interview questions that enable a victim to share information about their victimization. Critical to combatting negative stereotyping and ageism for forensic interviewers is the use of a strengths-based perspective. In reality, older adults are heterogeneous, and many are resilient having developed strong coping skills from decades in which they accomplished achievements, dealt with life changes, overcame adverse events, and survived trauma. When

appropriate, asking how an older adult dealt with a past life experience may support a victim in responding to the current situation.

As noted earlier, when interviewers consider an older adult's set of strengths rather than weaknesses, interviewers are more likely to ensure that older adult voices are heard and will allow the investigation to follow best practices. This approach does not mean that the interviewer should ignore challenges or barriers to a successful interview presented by the older adult witness; instead, the interviewer should focus on their strengths to obtain accurate and reliable testimony (Love, 2015, 2019).

To do this, forensic interviewers should approach every interview with an open mind. Even when an interviewer thinks they have a lot of experience and expertise in working with older adults, they can always learn and grow with each new interview. All forensic interviewers need to honestly self-examine their own beliefs, attitudes, assumptions, thoughts, and words regardless of their level of experience. By doing this, forensic interviewers can convert stereotypes into a strengths-based approach (see also ["Strength Based Perspective"](#)). Several examples are listed here.

Stereotype: The majority of older adults will get dementia.

Strengths-based Approach: I will treat this older adult I am interviewing as not having cognitive issues unless I identify concerns about their decision-making capacity.

Stereotype: Older adults all act alike.

Strengths-based Approach: This older adult I am interviewing is different from any older adult I have ever interviewed.

Stereotype: Older adults are set in their ways.

Strengths-based Approach: This older adult I am interviewing has a rich history of skills and ways of doing things that have allowed them to succeed in life.

Stereotype: Intelligence declines with old age.

Strengths-based Approach: This older adult I am interviewing is the expert on the abuse they experienced.

Stereotype: Older adults grow increasingly irritable and angry as they age.

Strengths-based Approach: The anger and irritability of this older adult I am interviewing may result from their life experience or a reaction to current or past trauma.

A key piece to a strengths-based approach for interviewing older adults is that dignity and worth are not defined by age but rather all the various rich attributes of their lives. Everyone has a unique and rich life history. Everyone has things about them that make them special. Everyone is a child of someone; some are parents, siblings, cousins, grandparents. Everyone has a history of hopes and dreams. Everyone has skills and talents. Everyone has meaning and importance. Using a strengths-based approach will improve interviews by decreasing the effects of negative stereotypes and ageism.

OLDER ADULTS AND ABUSE DYNAMICS

OLDER ADULTS AND ABUSE DYNAMICS

A Life Course Perspective on Older Adults

There are more older adults living today than ever before. Older adults may include people over four or more decades, from age 60 or 65 to well past 100. Their experiences will differ depending on their age, culture, race, ethnicity, health, and other factors.

Older adults comprise three cohorts: (a) the young-old, aged 60 to 74; the old, aged 75 to 84; and the old-old, aged 85 and older. When thought of in this way, the diversity of older adults becomes more evident. Some older adults experienced World War II as children or young adults, the Holocaust, and the Great Depression. Other older adults fled to the U.S. as refugees when children, came as adults after helping the U.S. government in various foreign military operations, or arrived as the aging parents of long-settled immigrants. Some came for economic opportunities; others fled oppression, genocide, and gang warfare.

In the United States, some older adults who identify as LGBTQ+ have lived through a social and sexual revolution. Many were closeted for decades, unable to live openly, marry their partners, adopt children, or openly serve in the military. Many were ostracized by their families. Laws criminalized consensual conduct, and some professions denied them. As they aged, many people in the LGBTQ+ community could not visit their spouses and partners in hospitals and long-term care facilities, could not file joint income tax returns, and could be fired for who they are.

Some older adults of have faced discrimination and economic, health, and job disparities based on their skin color and appearance across their lifespan. Many have been targeted for race-based violence and mistreatment, and institutions and entities that were supposed to protect them have histories of unfair treatment. Some have been required to use separate accommodations, and some have been denied equal education, opportunity, and voting rights and otherwise denied the same rights and opportunities as Whites.

Some American Indian and Alaska Native older adults lived through forced removal from homes and communities to boarding schools where they were forbidden to practice rituals, speak their native languages, or wear traditional clothing. Some women were forcibly sterilized. Even if they did not personally experience these practices, many of their parents and ancestors did. Later generations carry these experiences and history through historical trauma.

For these and other groups who have been discriminated against, their history and current relationships with local, state, and federal government are fraught and often marked by distrust and hostility. Their experiences may well affect their willingness to participate in a forensic interview, what questions they will answer, and the kind of information and support they may need to participate.

No one can be conversant with every group and culture. Even if the forensic interviewer is familiar with a particular group, individuals experience cultural practices and beliefs in their own ways, so generalizing about a person's culture can create impediments to an effective interview. A forensic interviewer cannot assume they know how to address the older person (e.g., he/she/they), what the person's experiences are, attitudes about government and possible prosecution, and abilities and coping strategies. The interviewer must practice cultural humility, be ready to ask for clarification, and apologize if they inadvertently err.

Finally, older adults are a heterogeneous population with diverse conventions. Therefore, it is best to begin interviews by asking older adults how they wished to be addressed (e.g., Mr., Mrs. Dr., etc.) and using that title throughout the interview. In general, interviewers should not use the person's first name unless asked to do so by the older adult. Then, the interviewer should follow the older person's lead on physical contact and avoid any physical contact unless initiated by the interviewee.

Elder Abuse Dynamics

Reporting Impact

Only a small percentage of elder abuse cases are reported to officials. Those incidents that are reported are rarely initiated by the older victim. For example, in Federal fiscal year 2018, states received 1.7 million reports of adult maltreatment. Of those reports, 45%, or 791,161, were accepted for investigation based on the individual states' program criteria. The majority of those reports (57.2%) were referred to APS by professionals, 10.7% were referred by relatives of the adult, and only 5.2% were self-referrals (Adult Protective Services Technical Assistance Resource Center, 2019).

It is important to understand why cases are rarely reported by those who have been victimized and to recognize that elder abuse tactics often inhibit reporting.

These are some of the reasons for not self-reporting:

- Inability to report
 - Cognitive limitations
 - Physical limitations
 - Lack of telephone or other means to report
 - Isolation
 - Abuser tactics
 - Hiding, destroying, or removing means to report
- Victim's fears
 - Looking foolish
 - Not wanting publicity, especially if victim and abuser are in a marginalized community
 - Loss of independence (victims may attribute what is actually abuse to conditions of aging, and they may then be afraid to discuss health concerns out of fear of being labeled with dementia or deemed unable to care for themselves, necessitating involuntary placement in a nursing home)
 - Not being believed

- Fear of losing the only support, caring person, or reliable caregiver they believe they have
- Abuser harming a beloved pet, precious possession, or a family member
- Retaliation and further abuse
- Deportation of self or abuser
- Techniques of the abuser
 - Reminding an older person of something that caused them embarrassment, such as bouncing a check, losing their keys, or misplacing glasses
 - Using such instances to tell the older person that they are no longer able to live independently or make wise decisions—they need to turn over such decisions to the abuser, who will protect them from an embarrassing disclosure
 - Threatening to tell their family, who will want to take over the older adult's life
 - Hiding, destroying, or removing means to report
- The victim may feel guilt and shame regarding numerous areas such as these:
 - Raising a child who now abuses them
 - Poor parenting
 - Failing to protect the abuser from childhood trauma
 - The abuser's use of alcohol and other drugs
 - Needing help from an abuser, including toileting, feeding, and bathing
 - Falling prey to a scam or gave consent to an unwise transaction and lost money or other assets
- Emotional attachments
 - Not wanting to lose family supports and relationships
 - Not wanting to get the perpetrator in trouble

These factors are often considerably more prevalent when dealing with a family member as the perpetrator.

Unwillingness to report should also be considered in addressing reluctance to the interview. If the victimization was reported by someone else, the victim might not want to cooperate with the interview for the same reasons they did not report their victimization.

The victim may not have reported to APS or law enforcement but did discuss the victimization with a trusted person. The forensic interviewer may want to explore whether the victim told anyone about what had occurred because that person may corroborate the victim's account. Additionally, that person may be able to supply other information, such as the date of the event, the victim's demeanor, and other details the victim may not provide.

Perpetrators, Risk Factors, Dynamics, and Justifications

Elder abuse is committed by people in ongoing and trusted relationships with older victims. These are people who are loved, trusted, and relied upon by the older adult. These include intimate partners, family members, caregivers, friends, faith leaders, and cultural leaders as well as fiduciaries such as financial advisors, attorneys, guardians, and agents under a power of attorney. In some cases, relationships may form quickly through a process of grooming and befriending, such as romance or sweetheart scams.

The nature of the relationship separates elder abuse from other crime victimizations of older people. It is also why investigating such cases and interviewing older adults can be laden with impediments. The abuser knows the victim's vulnerabilities, dependencies, assets, and personal history and may use that knowledge to commit illegal acts, avoid detection, and undermine the victim's credibility.

Perpetrators may be opportunists, predatory individuals, domestic abusers, or, in the case of neglect and some emotional abuse, persons who are ill-equipped to meet the needs of the older adults they are assisting. Others are career criminals who target older adults for their real or perceived frailty, cognitive limitations, or the likelihood they will not recognize their victimization—or if they do, will not report or will not be believed if they do. Abusers may quickly form a relationship with an older victim where one does

not yet exist or enhance an existing relationship for greater access and trust, exploiting their loneliness and social isolation.

Data from the National Adult Maltreatment Reporting System (NAMRS) has found that 29.1% of perpetrators are older than 60; about a third of perpetrators are under age 40, and slightly more were between 41 and 59 years (Twomey, 2018). Common perpetrator motivations include greed, power and control (see also "[Power and Control](#)"), entitlement, anger, and revenge. Considerable research has been conducted to identify factors associated with elder abuse perpetration and victimization.

Risk Factors for Elder Abuse

Victim characteristics associated with elder abuse include the following:

- **Gender:** Among those age 65 and older, for every 100 men there are 125 women (Administration for Community Living, 2021). Although there are more older women than men, both men and women can be victims of physical, sexual, financial, and psychological abuse and neglect (Acerino et al., 2010).
- **Race:** While the evidence is mixed, several studies have found racial differences in prevalence of financial abuse, self-neglect, and caregiver neglect (Chen & Dong, 2017). Compared with Caucasians, African American older adults may be at increased risk of financial abuse and psychological abuse, and Hispanic older adults have a lower risk of emotional abuse, financial abuse, and neglect (Pillemer et al., 2016). Non-White elders living in long-term care facilities are at increased risk for abuse and neglect (Hawes, 2003).
- **Marital status:** Some studies have found that being single increases the risk of psychological/emotional abuse, while being divorced or separated is associated with increased psychological/emotional and physical abuse (Chen & Dong, 2017).
- **Relationships and prior abuse:** Some types of elder abuse are associated with previous traumatic experiences, including domestic and other interpersonal violence (Acierno et al., 2010; Storey, 2020).
- **Health and dependency:** Increased risk of abuse is associated with the following characteristics:

- Persons with intellectual disabilities have the highest rate of violent victimizations, including sexual assault, compared to any other disability type (Harrell, 2015)
- Physical and cognitive conditions that require assistance with ADLs from others (the risk is unclear for financial abuse because study findings are mixed; Gorbien & Eisenstein, 2005)
- Impaired ability to care for oneself, defend oneself, or escape the situation (Heisler, 2017)
- Depression (includes risk of financial abuse; Dyer et al., 2000)
- Psychiatric illness (Friedman et al., 2011)
- **Social isolation and low social supports:** These are associated with elder abuse victimization (Acierno et al., 2009).
- **Income:** Living in a low-income household is associated with increased emotional/psychological and physical abuse (Chen & Dong, 2017).
- **Age prejudice:** This is another risk factor for elder abuse. Ageist stereotypes can allow negative beliefs and attitudes toward older adults to persist, resulting in neglect and abandonment along with emotional, financial, and physical harm (Shepherd & Brichu, 2020).

Perpetrator Tactics and Motivations

The dynamics of elder abuse are complex; no single theory or model will adequately explain it: “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” (Amendola et al., 2010, p. 2). Below 4 dynamics that help explain perpetrator behavior are discussed.

Power and Control/Coercive Control

Most criminal justice professionals have dealt with cases of domestic violence in their careers. Most of those cases involved younger adults. Domestic violence, or coercive control, as it is sometimes called, occurs across the lifespan. In younger life, it most often involves spouses and intimate partners. In later life, it may also include children or grandchildren who have lived with and learned domestic violence tactics throughout their lives and now use the same tactics on an aging parent.

Domestic violence typically is accomplished through the use of power and control tactics. Tactics such as intimidation, threats, economic control, emotional abuse, use of children, isolation, and asserting privilege to set the rules for how the relationship and household are run are used routinely to control. Physical and/or sexual violence are used intermittently to exercise power and reinforce that the abuser is in charge. Thus, it is important to recognize that tactics are not used in a linear way but in various combinations according to different situations. In the 1980s, the Duluth, Minnesota, Domestic Abuse Intervention Program created a power and control wheel to describe the interplay of these tactics. The center of the wheel is the goal of the tactics: power and control exercised by the abuser over the relationship and those in it. The wheel is edged in violence, which keeps victims in fear of what will happen if they challenge the abuser or attempt to leave the relationship. The inner spokes are the tactics used in various combinations to trap the victim in the relationship (Domestic Abuse Intervention Program, n.d.).

Programs worked with increasing numbers of older victims of domestic violence/abuse in later life, many of whom were victimized by adult children using power and control tactics. Based on the experiences of older adults, the National Clearinghouse on Abuse in Later Life (NCALL) created the "Abuse in Later Life Wheel." (See [Appendix VI](#) for a visual of the NCALL Wheel.)

As with domestic violence, one of the tactics an abuser of older adults may use includes obtaining and maintaining power and control over the older victim. The outer rim includes physical and sexual violence, but the violence may be less frequent or may begin in later life. Examples include when the adult son becomes the abuser, the spouse-abuser has retired and is now at home all day with little to do and becomes increasingly angry and feels powerless, or when a partner who may have previously been an abuser or has never been abusive develops a medical condition that may result in violence.

In later life, abuser tactics may change from those seen in earlier decades. The use of privilege pervades every other tactic. Commonly observed new tactics include these:

- Abuse of dependency (e.g., taking away assistive devices such as walkers, wheelchairs, glasses, dentures, hearing aids; denying or forcing an older adult to wait for food, care, toileting, or medicine; causing the older adult to miss medical appointments; failing to report medical problems or seek care for medical problems; failing to fill prescriptions)
- Ridiculing the older person's values (e.g., denying access to religious, spiritual, or cultural observances; misusing or damaging ceremonial regalia; making fun of a victim's values)
- Using family (e.g., magnifying disagreements between family members, putting the victim in the middle; misleading family members about the extent and nature of illnesses or conditions; excluding or denying access to family; forcing family to keep secrets)
- Isolating the victim (e.g., keeping them from human contact, trusted advisors, and information; preventing the victim from being outdoors or receiving or visiting others; destroying relationships with family and friends; denying access to mail and/or phone)
- Financial exploitation (e.g., stealing money, titles, and/or possessions; taking over accounts and bills; spending the victim's money without permission and not for their benefit; abusing authority under a power of attorney, guardianship/conservatorship, or trust)
- Emotional and psychological abuse
 - Emotional abuse (e.g., humiliating, degrading, yelling, insulting, calling names, using silence or profanity, threatening to place the victim in a nursing home against their wishes)
 - Psychological abuse (e.g., making the victim think they are crazy, called gaslighting)

Undue Influence

Undue influence is a means to perpetrate financial abuse, sexual abuse, and sometimes neglect by which a perpetrator (the influencer) substitutes their will for the true desires of the victim. Typically, the elements of undue

influence include a vulnerable victim, a perpetrator's ability to influence because of a confidential relationship or position of power or trust, the use of tactics to assert this influence, and an unjust result. As an example, California Welfare and Institutions Code Section 15610.70 defines undue influence as "excessive persuasion that causes another person to act or refrain from acting by overcoming that person's free will and results in inequity."

While undue influence is easier to accomplish if the victim has cognitive impairment, it can be perpetrated against anyone who is susceptible or vulnerable. Persons who are lonely, grieving, ill, emotionally dependent, poorly educated, and/or financially naïve are particularly vulnerable to undue influence.

Common tactics include isolation from people and information, undermining the victim's confidence in themselves, creating victim's dependence on the influencer, creating fear and insecurity, exploiting vulnerabilities, and gaslighting. Perpetrators may target their victim and engage in grooming behaviors to develop trust and dependence (Brandl et al., 2005).

Older Parent–Adult Child Relationships

Sometimes an older parent may provide care for an adult child who becomes dependent upon the older parent for finances, a place to live, and/or emotional support. The adult child may be experiencing mental health issues, substance abuse, and/or a criminal history, any or all of which can contribute to long-term unemployment. As a result, some older parents may be isolated with their abuser because the older adult is protective of their adult child. As such, they may minimize or excuse the adult child's behavior. Physical, psychological, sexual abuse, and/or financial exploitation can be part of this dynamic (though less so neglect because the parent is providing care for the adult child rather than vice versa).

Stranger Becoming a Friend/Romantic Partner

In some cases of elder abuse, an opportunistic offender is or becomes familiar with the older adult and ultimately befriends them. These offenders have various backgrounds or roles, such as handyman, neighbor, friend of a friend, server, cleaning person, etc. The offender engages in a course of

conduct, such as providing extra attention and/or services, and gradually ingratiates themselves to the older adult. As a result of the offender's enhanced level of involvement in the older adult's life, the older adult eventually views this person as a best friend or potential romantic partner. The offender then capitalizes on that trust and gains some type of access to the older adult's finances. The older adult, who often feels grateful for the attention, may give the offender gifts or money to perpetuate and bolster the relationship.

In friend or romantic partner types of scams, the offender often fills the companionship void left by the death of a spouse. As the dependency (physical, emotional, etc.) on the offender grows, the offender begins to swindle money from the older adult by expressing a need for help to pay bills or some other expense. They accomplish this by establishing themselves as a kind, caring person who is experiencing a hard time with finances, which is often an effective way for offenders to start having the older adult provide them with money. As offenders gain greater access to the older adult's property and money, offenders will attempt to isolate the older adult from any family or friends who may interfere with their plans. The offender may start to make demands of the older adult, and if the demands are not met, the offender often becomes more threatening.

Offenders who play the new best friend role often start to run errands for the older adult and/or offer to handle the paying of monthly bills. In this process, the older adult provides the offender with their debit card and PIN, bank account information, and other asset information. The older adult is seldom aware that the offender is stealing their money and not paying the bills as promised. Offenders may not limit themselves to just money from bank accounts—life insurance policies may be cashed in, collectables and jewelry sold, retirement accounts emptied, and lines of credit maximized.

Caregiver-Related Motivations

Many older adults are self-sufficient. However, some do have a caregiver, a relationship in which someone assumes, implicitly or explicitly, a duty to care for another. Caring for an older person, especially one with underlying medical and cognitive conditions is difficult. While most caregivers provide

good supportive care, caregivers in elder abuse situations may commit all forms of elder abuse, including neglecting an older adult and causing pain, emotional suffering, serious illness, and sometimes death. Neglect requires that there be (a) a victim who is unable to meet their basic needs for such things as food, clothing, shelter, medications, and bill paying and (b) a caregiver who has a duty to provide needed care.

Reasons caregivers do not meet their caregiving responsibilities include the following:

- They are unable to provide adequate care due to a lack of training, support, financial resources, sufficient physical or mental health. Additionally, they may have special needs of their own, such as a physical or intellectual disability or advanced age or poor health. They may, in fact, be doing the best they can. For example, the loving spouse of decades who is frail and cannot lift their partner is attempting to care for the partner but cannot turn them or get them out of bed, resulting in pressure ulcers and weight loss. Another example is a son with an intellectual disability, is unemployed, and may be without any social support services who is trying to care for his father living with dementia and who has developed serious life-threatening pressure ulcers and has sepsis.
- They are the caregiver but are ignoring the needs of their parent living with advanced dementia out of indifference while living off the parent's retirement income.
- They are stressed from the burdens of caregiving and as a result are lashing out at the care recipient.

Anger

Anecdotally, direct service providers report encountering cases of abuse resulting from anger and revenge. There is little research supporting this as a cause of elder abuse.

Anger directed at an older parent may lead to physical and/or emotional abuse or neglect and a belief that the abuser is entitled to a stolen or embezzled asset.

- Adult children who neglect their aged parents may attribute their neglect to anger from child mistreatment, domestic violence, sexual abuse, and substance use at the hands of the parent who now requires care.
- Adult children who physically or sexually abuse their elderly parent may act out of anger for how they were themselves abused by the parent or because the parent failed to protect them from an abusive situation.

Implications for Interviewers

Because of the personal relationship that underlies most elder abuse as well as the tactics and behaviors the abuser employs, the interviewer may have to overcome victim reluctance to participate in the interview, minimization of what has occurred, recantation of earlier statements, and self-blaming for events. This also suggests that interviewers generally should not denigrate the abuser.

Establishing Alternative Hypotheses

As stated previously, when presented with a case referral involving an older adult, interviewers should make an intentional effort to remain open-minded, objective, and neutral. One method of doing so is through establishing alternative hypotheses, considering other reasonable explanations for the report pre-interview. An interviewer who engages in the process of establishing alternative hypotheses prevents the interviewer from drawing premature conclusions and allows the interviewer to take their role as an unbiased gatherer of facts.

Once the interview begins, an interviewer must remain open to all possibilities while the older adult interviewee provides information. In addition, the interviewer must employ active reflective listening techniques that allow the interviewer to be perceptive, adaptable, and capable of exploring new or additional alternatives as the interviewee provides information.

Small Group Activity: Perpetrator Tactics and Establishing Alternative Hypotheses (15 Minutes)

This activity requires two instructors.

The purpose of this activity is to apply what they have learned about perpetrator tactics and motivations and to consider alternative hypotheses for their assigned case scenario.

In-Person Instructions

- Separate participants into scenario groups in breakout rooms via zoom (participants assigned to scenario 1 are a group, scenario 2, and so on).
- Encourage participants to discuss the perpetrator tactics that may have been employed and how they might consider and explore multiple hypotheses about the case.
- Inform participants to choose a designated group member to share with the large group after small group discussions have ended.
- Allow 10 minutes for the groups to discuss perpetrator tactics and alternative hypotheses.
- After 10 minutes, debrief as a large group.

Virtual Instruction

- Separate participants into scenario groups in breakout rooms via zoom (participants assigned to scenario 1 are a group, scenario 2, and so on).
- Encourage participants to discuss the perpetrator tactics that may have been employed and how they might consider and explore multiple hypotheses about the case.
- Inform participants to choose a designated group member to share with the large group after small group discussions have ended.
- Allow 10 minutes for the groups to discuss perpetrator tactics and alternative hypotheses.
- After 10 minutes, close the breakout rooms and debrief as a large group.

Instructor Guide:

- Ask participants to discuss perpetrator tactics that may be present in their case scenarios.
 - If in the interviewee's shoes, would you report?
- What are the hypotheses you came up with as a group?
 - Always be considering multiple hypotheses to avoid confirmation bias, leading and suggestion.

PRE-INTERVIEW CONSIDERATIONS

PRE-INTERVIEW CONSIDERATIONS

Before any interview with an older adult, MDTs should discuss both the interview environment and any needs specific to the older adult being interviewed. The first step in preparing for a successful interview with an older adult is to consider what information may be helpful or beneficial to know ahead of time (as time and consents allow). It is recommended that the interviewer or another member of the MDT utilize either the “Self-Reported Pre-Interview Considerations Checklist” or “Caregiver Reported Pre-Interview Considerations Checklist” (Appendix V). The Pre-Interview Considerations Checklist comes in two forms: Self-Reported and Caregiver-Reported. Each checklist asks information about the older adult, including information about how the older adult communicates or prefers to be communicated with. While not all questions on the checklists are appropriate to ask of every individual, they serve as a guide for interviewers to gather information to be as prepared for the interview as possible.

Note: Pre-Interview Consideration Checklists are not intended to be presented as a questionnaire to the older adult being interviewed or their caregiver; rather, they act as a conversation guide for the member of an MDT gathering this information pre-interview.

These tools can serve as a guide for MDTs to gather information about how the interviewer can provide the best opportunity for the older adult to feel successful with the interview process by identifying appropriate accommodations that an interviewer can make in a strengths-based way. This information should be gathered in a trauma-informed way that does not impact establishing trust with the interviewer and older adult interviewee. As appropriate, the older adult should be made aware and give permission for a member of the MDT to have a private conversation with a caregiver. When preparing to interview an older adult, consideration of any required special accommodations should be made to ensure a successful interview. Accounting for and meeting the needs of an older adult conveys that the interviewer has respect for the older adult and intends to treat them with dignity, which is the foundation of rapport building.

The Aging Body

Aging is a process that is different for every person. Older adults experience unique changes in all bodily systems and functioning. These changes are influenced by biological and environmental conditions as well as historical and social contexts across the lifespan. When considering the effects of the aging body on forensic interviewing, the interviewer must maintain a strengths-based perspective that still addresses the specific accommodations necessary for a successful interview. Unlike childhood development with standardized developmental milestones, the effects of aging are rarely consistent. The forensic interviewer may interview an 85-year-old with cognitive and physical abilities comparable to someone much younger and then interview a 65-year-old with significant physical disabilities and advanced cognitive disease.

When there is a concern that physical conditions may affect the interview, the MDT can attempt to confer with medical personnel about the older adult or the nature of the older adult's conditions. By doing this, the interviewer can better understand the older adult's overall health status, the medications they receive or should be receiving and their effects, and the standard of care the older adult requires. This information will help the interviewer be aware of the effect of the aging body on the interview process.

Biological Changes

Vision

Visual acuity can require correction at any age; however, as people age, they may find they need correction, especially for reading or seeing things up close. Depth perception and visual contrast sensitivity may also diminish as age increases. Other age-related visual disorders include the development of cataracts (cloudy areas form on the lens of the eye, causing blurred vision), age-related macular degeneration (AMD; the central part of the retina becomes unable to discern fine details), and glaucoma (buildup of fluid within the eye causes damage to the optic nerve).

Interviewers should be aware of these potential biological changes to ensure they are providing materials in the interview that the older adult is able to see

and read clearly. Aging also typically effects the amount of light required for the eyes to focus. The interviewer should be aware of the amount of light in the room during the interview, especially when asking the victim to review documents as part of the interview.

If the interviewer notices difficulty with vision, such as the older adult squinting, they should ask about the use of glasses or contacts. It is not uncommon for glasses to become broken or contact lenses to be lost during an incident of physical or sexual abuse. Perpetrators may also neglect to provide these items to the older adult or even keep them from the older adult as a form of punishment.

Vision impairment may also impact how an older adult experiences an event. As such, when asking questions about what the older adult saw during an alleged incident, interviewers should be aware of how senses can be impacted later in life. The ability to observe specific features such as what the perpetrator looked like or was wearing can be impacted by lighting.

Hearing

Age-related hearing loss results from the degeneration of the structures in the inner ear. Damage to the auditory nerve, hearing pathways in the brain, or other nerves of the inner ear are classified as sensorineural hearing loss, which is the prevalent type of hearing loss for people over the age of 65. For older adults, hearing loss can usually be mitigated by using hearing aids or cochlear implants. Recent research from John Hopkins University reveals that hearing loss may contribute to an accelerated atrophy of the brain and the subsequent development of dementia (Lin, F. et. al, 2011). Such events may occur due to the negative impacts of social isolation and reduction in mental stimulation following hearing loss (Lin, F. et. al, 2011).

Interviewers should be aware of these biological changes during an interview. The interviewer should not assume hearing loss but look for signs that the person is having difficulty hearing, such as the person turning to one side to listen, which may indicate that one ear is better for hearing than the other. If the interviewer notices any behavior that would indicate concerns about

hearing, they should ask the older adult about any hearing issues and preference.

Interviewers must consider and understand that signs of hearing loss are not an indicator of the person's cognitive abilities. Thus, the interviewer should not automatically overenunciate or simplify words used during their interview. When hearing loss is suspected, the interviewer should pay careful attention to these things:

- Using a normal volume of voice
- Using a slightly lower tone of voice
- Slowing down the pace of speech
- Using clear enunciation and not overenunciation that distorts what is being said
- Maintaining direct eye contact throughout all verbal communication
- Reducing nonverbal distractions such as hand movements
- Minimizing any background noise occurring during the interview

The interviewer should ask the older adult if they have a hearing aid and would be willing to use it during the interview. Not all older adults routinely wear their hearing aids. A study on use of prescribed hearing aids among older adults found that only 55% use it daily, 27% use it more than 6 hours a day, and 11% never use it (Saloren et al., 2013).

Changes in hearing may impact how an older adult experiences an abusive event. When asking questions about what the older adult heard during an alleged incident, interviewers should explore what, if anything, the person heard. If an older adult has hearing loss, the interviewer should ask whether they were using a hearing aid during the time of the incident.

Taste and Smell

Taste buds become less sensitive and decrease in number with age. This decline generally starts during midlife and is not restricted to any one type of taste. Some people will become less sensitive to salt, sugar, and bitter or sour tastes while remaining sensitive to the other tastes (Stevens et al., 1995; Whitbourne, 1999). Taste is often dependent on smell. As we age, the number of olfactory receptors that transmit smells to the brain also decrease in

number. Some older adults will lose the ability to smell certain odors (e.g., spoiled food). Changes in taste may impact how an older adult experiences an abusive event, so interviewers should be aware of how senses can be impacted later in life when asking questions about what the older adult smelled or tasted during an alleged incident.

Skin

As the skin ages, the nutrient support the epidermis gets from the dermis decreases as surface points of contact between the two layers lessen. Less sebum (oily, acidic, waxy substance) is produced by sebaceous glands in the skin. Sebum's acidity protects the skin against infection. This reduced output of sebum makes older adults' skin more susceptible to disease and skin infections. Interviewers should be aware that as skin ages, it becomes more vulnerable to tears from victimization because of less surface contact between the epidermis and the dermis. Interviewers should be mindful of the length of an interview when it involves a person sitting or lying in the same position for a long period of time, which could cause significant discomfort for an older adult with skin issues.

- Thinning skin: some medications such as aspirin and anticoagulants may cause bleeding, which may be confused with physical abuse
- Changes in skin elasticity and reduction in collagen: greater risk of bruising due to abuse or accidental bumping, may confuse a bruise with a purpura.

Problematic Injuries and Conditions Suggestive of Abuse

Bruises: Most often associated with physical or sexual abuse, bruises have been studied in elder abuse situations. Two bruise studies, one of older adults with accidental bruising and the other of older adults who had been abused, yielded important distinctions. A key takeaway from these studies is that the color of a bruise does not indicate its age. A bruise can be any color on the day of injury (Mosqueda et al., 2005). Bruises received at the same time can be of different colors.

An understanding of the findings can help the interviewer to evaluate information from the older person and to guide in the development of questions to be asked. These are some findings from the study of older adults with accidental bruises (Mosqueda et al., 2005):

- The color of a bruise does not indicate its age. A bruise could have any color from day one.
- 90% of accidental bruises were on the extremities rather than the trunk, neck, or head.
- Less than a quarter of older adults with accidental bruises remembered how they got them.

Older adults taking medications that interfere with coagulation were more likely to have multiple bruises, but the bruises did not last any longer than the bruises of those who did not take these medications. In contrast, when the bruising was due to abuse (Wiglesworth et al., 2009), these were some of the findings:

- Bruises were large. More than half of older adults with bruises who had been physically abused had at least one bruise 5 centimeters (about 2 inches) in diameter or larger.
- While their location could be anywhere, bruises on the face, lateral (same side as the thumb) or anterior (same side as the palm of the hand) surface of the arm, or on the back are highly suggestive of abuse.
- Older adults with bruises who had been abused had more bruises in these areas than older adults whose bruises were accidental.

Pressure Ulcers: Primarily associated with cases involving neglect, pressure ulcers, also called bedsores and decubitus ulcers, are injuries to the skin resulting from persistent pressure that limits blood flow to the skin. They most frequently occur to the skin that covers bony prominences of the body such as the heels, ankles, hips, shoulder blades, spine, and tailbone. Pressure ulcers are a particular risk for people who, due to medical conditions, are unable to change their position, have limited mobility, or have compromised blood circulation (e.g., from diabetes, vascular disease). Incontinence can cause the skin to break down because it may expose the skin to urine or fecal matter for an extended time. Poor nutrition and insufficient hydration may also

contribute to the development of these ulcers. Pressure ulcers may develop within hours, or they can manifest over days, weeks, or months.

The friction of skin rubbing against clothing or bedding can make compromised skin susceptible to pressure ulcers. Pressure ulcers may also appear from shear, which happens when two surfaces move against each other in opposite directions. For example, sliding a patient across bedsheets or removing adhesive bandages from skin may result in significant skin trauma, especially for older adults whose skin has become thinner and more fragile.

Pressure ulcers can be painful, and some potentially life-threatening complications may arise, including the development of cellulitis, a skin infection typified by redness, warmth, and swelling of the affected area; osteomyelitis, a bone infection that can reduce functioning of the bone or joint; and septic arthritis, an infection of a joint that can damage tissue and cartilage.

Pressure ulcers cannot be precisely aged, so experts cannot say how long it took for a pressure ulcer to reach a particular stage. Some generalities may be attempted—stage 1 in hours, stage 2 in days, stage 3 in weeks, and stage 4 longer than weeks—but they cannot reliably indicate how many hours, days, weeks or months. There are also unstageable pressure ulcers in which the ulcer is filled with debris, bodily fluids, and dead skin. These are typically infected and can result in death. It can take months with proper care to close an ulcer that has reached stage 3 or 4.

When interviewing older adults, interviewers should understand that pressure ulcers are often a symptom of neglect but by themselves are insufficient to prove neglect has occurred. They may not be universally preventable due to underlying comorbidities. Medications such as corticosteroids can make the skin even more fragile. As noted with other skin issues, the interviewers should avoid long interviews that result in the person being in one position for an extended time. The interviewer should provide breaks that allow for repositioning the person.

Motor Function and Strength

Older adults who are sedentary experience atrophy of muscle, increasing the risk of osteoporosis (a condition in which the bones become very thin, porous, and prone to fracture because of calcium depletion), and falls that can result in fractures of the hip, spine, and wrist (American Medical Association, 1998). Interviewers should be aware of these increased risks for injuries that may be sustained from a fall or increased susceptibility to injury from abuse and neglect. There may be situations where the injury and explanation do not seem to match but may be realistic depending on the physical condition of the bones or muscles. Additionally, interviewers should be aware of the layout of room and building where the interview is taking place. The interview room should be arranged so it is easy to navigate when entering and leaving. The building should be accessible, including entrances, hallways, and bathrooms.

Physical Accessibility

For the older adult population, interviewers should ensure that interview rooms are physically accessible and can accommodate any needed mobility devices (e.g., canes, walkers, wheelchairs). The room should be at a comfortable temperature because some older adults have trouble regulating body temperature. Comfortable, cushioned seating should be provided because older adults may become distracted by physical discomfort if the bony prominences of their hips and spine are pressed against a hard surfaced chair. Sometimes, an older adult may need to be interviewed where they live or sleep or in a hospital room, depending on the physical condition, allegations, and urgency of the interview.

Interviewers should ensure that the older adult is in possession of any needed eyewear or magnifying device and that the room is well lit to facilitate the review of printed materials, photographs, etc. Ideally the area around the outside of the interview room should be quiet and without distracting noises inside the room. Older people with mild hearing loss will have difficulties hearing words in the presence of background noise (noisy fan, buzzing light, etc.). When asking questions, interviewers should look at the older adult and maintain an unobstructed line of sight with the older adult. Interviewers should also consider that if the older adult is not making eye contact with them, it may be because of cultural reasons or a history of trauma. If the

interviewer is getting non-responsive answers, they should consider first whether the interviewee can hear clearly without assuming cognitive confusion.

Considerations for Scheduling

Deciding when to schedule an interview is another important individual factor to consider when planning to interview an older adult. While it is often best to schedule an interview as quickly as possible after an incident, some instances may require a delay in interviewing the victim/witness (e.g., very traumatic experiences). In addition, interviewers should consider other factors when considering when to schedule an interview, such as medications, medical needs, schedules/routines of the older adult, and cultural factors.

Ideally, a person should be scheduled for an interview during their typically most alert/active part of the day, and the time of the interview should be considerate of any potentially competing personal interests (e.g., special event). Considerations include the older adult's personal schedule, medication schedule, medication effects, and the most alert/active time of the day.

Teams should consider cultural factors when scheduling an interview as well. Teams may consider asking questions such as, "Are there certain times of the day, days of the week, or dates that are special and not to be interfered with?" Examples would include religious holidays, prayer times, religious days of the week, etc.

Considerations for Medications and Medical Issues

Certain medications can result in confusion or delirium and may be confused with dementia or diminished capacity. The dosage of medications in older adults may need to be less because an older body does not process the medications as it did in younger life. Medications in older adults may react differently in later life than in younger life when prescriptions, herbal supplements, vitamins, and over-the-counter medications are used together. Medications may be a tool to improve health, but it can also signify abuse (as a "chemical straitjacket") to obtain compliance, keep a person quiet, or cause confusion so they will sign a legal document or make a significant gift.

Medication administration is also an interview consideration because medication could positively or negatively affect a person's ability to be interviewed. Certain prescribed medications may cause side effects or hinder an older adult's communication during the interview process. For example, some medications may make the older adult tired and unable to focus, or they may induce stupor or delirium. If the older person knows, the interviewer should explore what medication has been prescribed and for what, which medications have been given to the victim and how they affect the older person, and what medications have been prescribed but not given to the victim. Information regarding medication may also be obtained from a caregiver, adult protective services, or a medical professional. The interviewer should use this information about medications to aid in determining when to conduct an interview.

If the person has medical or other personal needs, interviewers will need to monitor for fatigue, the need for breaks, and the need to eat or take medication on a schedule. When inquiring about medications, teams may consider asking questions such as these:

- Does the older adult need to allow time for medications to take effect? (Older adults living with dementia are sometimes prescribed psychotropic medications for delusions, aggression, and irrational and compulsive behaviors. It is important to talk with the family about when their medications need to be taken to ensure the interview does not interfere.)
- Are there side effects that need to be considered after medication has been taken? (Older adults who are prescribed psychotropic medications and have not taken them are at risk of becoming agitated and confused during the interview process. Another side effect is drowsiness, which would hinder the older adult's ability to remain engaged.)

Teams must consider the scheduling of an interview when an older adult has medical issues that need to be monitored (e.g., diabetes, timed medication, blood pressure, etc.). For example, if the older adult has diabetes, consideration regarding the availability of drinks and snacks should be made, and depending on the length of the interview, affording them time to check their blood sugar may also become a factor.

Schedules should be considered to ensure the time does not interfere with the older adult's routine (e.g., wake time, rest time, or bedtime). For example, an older adult with a form of dementia or cognitive decline will need to stick as closely to their routine as possible. This is necessary to prevent confusion, fear, and anxiety. Any change of routine can be disorienting, so ensuring the older adult is properly rested and continuing to assess their needs is critical. An older adult with a form of dementia may also experience sundowning, which can present as restlessness, agitation, irritability, or confusion that increases toward the end of the day. An interview earlier in the day should be conducted when interviewing older adults living with dementia.

The timing of the interview is also critical. The interviewer should consider whether the older adult may be affected due to when the interview is occurring:

- Before or after a meal
- Before or after the adult has taken medication(s)
- Before or after certain daily routines
- Before or after physical exercise

In general, interviewers should consider mid to late morning for peak cognitive abilities. For people living with dementia, the experience of sundowning may be present, resulting in decreased cognitive abilities and even agitation later in the day. Caregivers can be consulted about their observation on when the older adult will be best able to participate in the interview.

Interview Environment

As with any other interview, teams should strive to create an interview environment that is neutral, private, comfortable, and non-shaming for the older adult being interviewed. When choosing an interview location, it is critical that teams select an environment that is both physically and psychologically safe for the older adult. **Any concerns regarding safety should be resolved before the interview takes place.** In order to establish a safe and comfortable interview environment, teams must be mindful of the level of authority represented within a location and should work to lessen this dynamic. Teams should avoid interviews in intimidating locations (e.g., interrogation room) or non-neutral locations (e.g., the location where the incident occurred) whenever possible. It is possible that the interviewee may not be able to move to a new location to be interviewed. In these cases, interviewers should be flexible with what is reasonable, safe, and preferred by the older adult. In addition, teams may lessen the presentation of authority by minimizing the number of individuals present during the interview and providing choice to the older adult about the time and place of the interview.

For interviews occurring outside of the older adult's home or facility, teams should work to establish the interview location as a safe environment. It may be beneficial to provide a tour of the location and/or the interview space prior to the interview. If observers will be watching the interview from another room, it is important the team plans for how this will be introduced to the older adult.

Before interviewing an older adult, some of the more specialized information the interviewer should attempt to establish includes the following:

- The older adult's degree of mobility (are they always sitting or left in a bed?)
- The older adult's level of dependence upon caregivers to perform frequent repositioning (to avoid pressure ulcers)
- The older adult's daily routine (do they sit all day and lay in bed all night? Or are there other positions they are in?)
- The expectations of care as outlined in a treatment/care plan or doctor's orders

- What medications are taken and whether any contribute to skin vulnerability, loose stool, or elevated urination
- Toileting habits (Are they toileted regularly or do they wear an adult diaper or a mix of both? Are the pressure ulcers from prolonged skin contact with urine or fecal matter?)
- The caregivers' body and/or incontinence underwear check routines and recording methods
- Recent history of examination by a doctor or nurse (may lead to future examination of certain medical records)
- Last doctor's visit or nurse visit (will possibly help build/corroborate a timeline)

As noted, many of the pre-interview considerations can come from caregivers or family members. The interviewer must be cautious of asking these questions from someone who could be the perpetrator or anyone who may not be seeking the best interest of the older adult.

Informed Consent

Older adult interviewees should be treated with dignity, respect, and transparency throughout the interview process. For this reason, teams should consider obtaining informed consent from the older adult being interviewed. Teams should ensure the individual is aware of each step of the process and their rights. If materials are presented to the older adult, they should include language and/or visuals that are inclusive (e.g., materials available in large print font).

If applicable, these are some things older adults being interviewed should be made aware of:

- The steps of the interview process
- The purpose of recording
- Who the information will be shared with (i.e., observers and who has access to reports or recordings)
- Their ability to take breaks or end the interview
- Their right to revoke consent (e.g., consent to recording, consent to the interview, etc.)

Individual Needs

The interview environment should be arranged to accommodate the unique needs of the older adult. First and foremost, it is critical that the team considers an older adult's physical needs. The interview location and space must be Americans with Disabilities Act (ADA)-compliant to accommodate wheelchairs, walkers, canes, or other devices. These spaces should not only be accessible but comfortable to the older adult. When considering accessibility and comfort of the interview environment, teams should also consider the furniture at the interview location (e.g., waiting room, interview room, etc.), such as comfortable chairs for backaches/sciatica and/or bariatric chairs for obese older adults who may have diabetes. Teams should also ensure that bathrooms are accessible with ADA-compliant doors for easy entering and exiting and toilets have a raised seat for easy sitting and standing. Teams should also consider offering drinks and snacks in cases of low blood sugar during and after the interview process.

In addition, teams should consider making modifications to the environment to meet individual needs (e.g., emotional needs, psychological needs, etc.). Making modifications takes preparation, and it is important to understand each older adult's needs prior to their arriving for the interview—the interviewer's role is to meet each individual where they are throughout the interview process. Interviewers (teams) may inquire about information such as safety concerns for the older adult or interviewer, diagnoses, trauma history, known triggers, cognitive abilities, communication abilities/style, etc. It is also important to gather information about what to do in situations when an older adult becomes triggered or agitated. Teams may consider asking questions about maintaining a calm atmosphere and the forms of redirection and/or de-escalation that are used in the interviewee's daily life.

Although this information can be critical to meeting an older adult where they are throughout the interview process, interviewers should be cautious of drawing any conclusions from information gathered pre-interview. Interviewers should utilize this information as a guide for the interaction but not rely on this information alone. As the interviewer interacts with the older adult, they should maintain objectivity and flexibility and continually adjust to meet the older adult where they are. In addition, it is not the interviewer's role

to diagnose or use labels when working with an older adult. Interviewers should be cautious of using any labels the older adult does not self-identify with because it may be damaging to rapport building and gathering reliable information from the older adult being interviewed.

Comfort Items

In some instances, an older adult interviewee may bring comfort items with them to the interview. These could include items such as weighted blankets, pillows, or manipulatives (e.g., stress balls). Interviewers should not take away any personal or comfort items during the interview, so they do not appear too authoritative. Teams may also decide to make comfort items available. If an item becomes a distraction during the interview process (e.g., a cell phone), the interviewer may provide respectful redirection to the interviewee.

Use of Victim Advocates, Support Persons, or Support/Therapy Animals

Older adult victims may desire to utilize support persons (e.g., family members) or professionals (e.g., victim advocates) as they navigate the criminal justice process. These individuals may assist in fostering interviewee comfort, so consideration should be given to their use to remain trauma-informed and victim-centered throughout the interview process. Some older adults may also have a support or therapy animal that will need to be accommodated during the interview process.

Before their inclusion, it is important that teams consider the role a victim advocate or support person will play during the interview and discuss how they will be introduced. Teams may consider adding written policies/procedures regarding working with victim advocates or support persons during forensic interviews while being mindful of victim's rights within a particular jurisdiction.

As discussed previously, teams should limit the number of individuals present during a forensic interview because additional individuals increase the potential of bias being during an interview. However, if a victim advocate or support person is requested to be present during the interview, interviewers should work together with the interviewee when deciding whether they will be included in the forensic interview. Interviewers should explore the

interviewee's desire to include the additional party in the interview and discuss both potential risks and benefits to their inclusion.

In general, victim advocates or support persons should be seated out of the line of sight of the interviewee. Interviewers and support persons should not speak about the interviewee as though they are not in the room; they should speak directly to the interviewee. And it is imperative that the role of the support person in the interview process is clearly established so the forensic interview is not negatively impacted by their presence. This can be accomplished by the interviewer meeting with the advocate/support person before the interview to clarify their role and understand what the expectations for their involvement are.

It is important that victim advocate/support person do not speak or interject, which includes the following:

- Asking or clarifying questions
- Answering questions on behalf of the person being interviewed
- Reacting to what is discussed during the interview

**GENERAL CONSIDERATIONS FOR
COMMUNICATING WITH OLDER ADULTS**

GENERAL CONSIDERATIONS FOR COMMUNICATING WITH OLDER ADULTS

The Aging Brain

The aging process affects the brain across the lifespan. These changes influence how people remember, plan, organize, make decisions, learn, and apply new information. A functional perspective views the brain as always being focused on the tasks necessary to meet and maintain physical, psychological, social, and spiritual needs. Older adults are not different than younger adults or children in this aspect. Even infants cry because the brain triggers that behavior to get their functional needs met. A functional perspective helps the forensic interviewer understand that all responses and behavior by the older adult during the interview are not coming just from their ability to remember facts but also how the brain perceives that sharing those facts will serve their needs at that time.

Forensic interviewers must realize that older adults, like all other victims, must rely on their brain functioning to deal with the wide array of needs that are present. As victims of abuse, they must often navigate a variety of complex systems using their brain functioning to successfully meet these needs. For example, older adults will use their brain functioning to decide whether the forensic interviewer is a person who can help them meet their needs after the abuse. In other words, the brain will attempt to figure out how the interviewer and the interview serve the older adult's needs, such as the need for justice, emotional well-being, or even the help with ADLs.

The brain will also prioritize these needs. If the brain prioritizes the need for daily care over justice and the perpetrator is a caregiver, the results of a forensic interview may have nothing to do with the person's ability to recall information about the incident.

In comparison to younger adults, the brains of older adults have more experience functioning to meet these needs. Older adults are much more sophisticated at this than younger adults and children. This does not mean they always make the best choices for themselves or even for the purposes of the interview, but it does mean the aging brain's experience at meeting needs

is complex and difficult to fully understand because a lifetime of variables play a part.

Having a strengths-based functional perspective of how the brain works will help improve the quality of an interview with older adults by not simply focusing on cognitive deficits but rather addressing the abilities and needs of each older adult victim of abuse. The interviewer can focus on assessing those needs relevant to the interview and the older adult's strengths (skills, abilities, language, and resources) that can help meet those needs.

While this curriculum discusses cognitive declines, the focus is not solely on the issue of memory but rather the functional impairments and behaviors caused by disorders such as dementia that can affect an interview. Having this broader concept allows the forensic interviewer to be better prepared to interview older adults regardless of whether they have a diagnosis or level of cognitive decline.

Normal Changes in the Aging Brain

The aging brain means some changes in brain functioning for all older adults. For some individuals, it means very minimal changes, whereas others will experience more significant changes in the brain and how it works to meet their needs.

Normal aging of the brain can lead to decreased speed in finding words and recalling names, difficulty with multitasking, and decreases in the ability to pay attention (National Institute on Aging, 2020). These are due to the slower processing speed of aging brains and underlie attention impairments among older adults (Suchy, 2016). For example, selective attention (the ability to focus on specific information while ignoring irrelevant information) declines with age. Engaging in a conversation in a noisy restaurant becomes more difficult with age because the ability to selectively attend to relevant information is increasingly impaired. For interviewers, this underscores the importance of a quiet area to conduct the interview free of distractions to ensure the older interviewee is able to attend to the interview.

Divided attention (the ability to focus on multiple tasks simultaneously) also declines with age. For example, the ability to talk on the phone while preparing a meal becomes increasingly difficult because it requires cognitively switching between tasks. The implication for interviewers is to have the older interviewee focus on one task at a time and avoid multitasking (e.g., filling out paperwork while being asked questions).

Not all effects of aging on the brain are negative, though. Older adults often have more extensive vocabularies and a greater understanding of the depth of meaning of words than younger adults and children. According to Harvard Health (2015), older adults also often get better at inductive reasoning, accentuating the positive, attaining contentment, and verbal abilities.

The research on the aging brain is rapidly evolving, and it is beyond the scope of this curriculum to teach about every aspect of how the brain changes over the lifespan. Understanding that there are normal changes that will affect functioning such as memory is critical to conducting a strengths-based quality forensic interview. The older adult victim of abuse being interviewed is not just forgetful—they forget things because the brain is not storing and/or recalling information as it did when it was younger due to the natural changes that can affect how it functions.

At the core of forensic interviewing is the older adult's ability to recall and describe clearly and accurately what happened to them. If an interviewer does not account for some of the natural changes in the aging brain, they may not be able to achieve this goal. Research has demonstrated that by age 70, the amount of information the average person can recall 30 minutes after hearing a story is about 75% of what someone who is 18 can remember. That is like missing every fourth word from something that was said. If the older adult cannot remember exactly what is said, it may have nothing to do with their ability to recall or the interviewer's technique but rather a natural part of the aging brain's functioning.

As noted, there are also many strengths in brain functioning gained over the lifespan. Many of these positives will affect the interview with older adult abuse victims. Take inductive reasoning for example—older people don't rush

to judgment as quickly as people who are younger. They are more likely to take more time to make a decision, but they are more likely to make the right conclusions based on the information they have. The interviewer can use this information as a reason to allow more time for interviews of elder abuse victims. It is not because they are old or slow that more time is necessary but rather because the older adult is taking their time to make an accurate conclusion about what the interviewer is asking and saying.

Another example may be accentuating the positive. The amygdala, the area of the brain that consolidates emotion and memory, is less responsive to negatively charged situations in older people than in younger people. So even the experience of victimization and trauma may not cause the same types of emotional reactions or negative feelings about the offender that the interviewer may see from younger victims. This is important for the interviewer to keep in mind when the older adult does not seem to have emotions that they would expect to see from a victim.

Addressing Normal Aging Brain Changes in Older Adults

There are three practical approaches to older adults based on the general characteristics of the aging brain. These can be considered basic approaches without overgeneralizing.

First, don't treat older adults just like younger adults. This doesn't mean that the interviewer should assume that the older adult is forgetful or cannot handle multitasking, but the interviewer does need to be aware that there may be differences. These differences aren't simply because the person is old but because the brain is naturally changing and affecting behavior.

Second, when the interviewer or a member of the MDT notices differences, ask the older adult what they might need to help them. The team can also check with a trusted family member or other people who are accompanying them, with permission from the victim. Some older adults may need things in writing. Some may need the interviewer to repeat something a few times. Some people may need to focus on one task at a time. Ask the person, and accommodate their specific individualized needs whenever you can.

Third, and maybe most important, be patient and give sufficient time for the interview. When working with older adults, the interviewer should make sure they have time to account for any of these issues that may arise. Rushing an interview and not making time for accommodations will almost never result in an effective interview.

Interviewer Considerations for Communicating with Older Adults

Throughout the forensic interview process, an interviewer and the older adult being interviewed must function as a dynamic unit. When asking questions, the interviewer must allow the older adult interviewee to be an expert on their lived experiences while the interviewer acts as a guide for the flow of information throughout the interview process. Keeping this perspective will allow for the interviewer to create a victim/witness-centered environment that prioritizes gathering information the older adult interviewee knows rather than placing emphasis on what the interviewer or MDT needs to know.

The interviewer's qualities and habits can have a significant effect on the quality of information gathered throughout a forensic interview with an older adult. For example, poor questioning techniques affect an older adult's ability to recall and report information during an interview (Love, 2015; Yarmey, 2000).

Interviewers must strive to remain open-minded, objective, and neutral throughout the forensic interview process. As discussed previously in "[Biases and Assumptions about Aging](#)," in order to remain open-minded, objective, and neutral, the interviewer must acknowledge and challenge any biases and assumptions about the older adult population, the credibility of older adults, and the dynamics of cases involving older adults. Interviewers must acknowledge that how they perceive the older adult being interviewed may skew an older adult's ability to recall and report information during the forensic interview process (Allison & Brimacombe, 2014). For example, if an interviewer holds a perspective such as "older adults are incapable and not credible," this is likely to affect the types of questions asked and the responses given during the interview process, which may send a case down a trajectory where the individual is dismissed.

To challenge these biases, interviewers should obtain a basic understanding of the communication style of older adults to engage in establishing alternative hypothesis, focus on meaningful rapport development, and work to establish a thorough baseline for the older adult being interviewed. (See also "[Establishing Rapport](#)" and "[Establishing a Baseline.](#)")

Communication Style of Older Adults

When entering a forensic interview with an older adult, it is important for interviewers to have a basic understanding of the communication style of older adults. Interviewers may notice the use of the following when communicating with an older adult:

- Negative Qualifiers (e.g., "I think," "I'm not sure," etc.)
 - Older adults commonly use negative qualifiers when communicating. This should not be seen as a reflection of the older adult's ability to provide reliable and accurate information throughout the forensic interview (Allison & Brimacombe, 2014).
- Pacing
 - In general, older adults may speak slower. Interviewers should keep in mind that the interview process may take longer when interviewing an older adult (Allison & Brimacombe, 2014).
- Language (Tangalos & Peterson, 2018)
 - Common among older adults are occasional problems with expressive language such as word finding and tip-of-the-tongue phenomena.
- Details and Narrative Organization
 - In general, older adults may provide fewer details spontaneously than in interviews with younger adults. Interviewers may find they need to ask additional follow-up questions to elicit information. Because of this, interviewers should be mindful of the level of suggestion in each follow-up prompt. (See "[Leading and Suggestion](#)"; Allison & Brimacombe, 2014.)
 - Older adults may relay information out of chronological order. Interviewers and MDTs should not make judgments about the older adult's credibility based on their ability to recount information in sequence (Allison & Brimacombe, 2014).
 - Older adults tend to go beyond the details. They may provide

information that is considered superfluous (e.g., subjective impressions, moral judgments, etc.) or off-topic information. Interviewers should demonstrate patience and gently redirect back to the matter at hand without interrupting or dismissing what the interviewee has to say (Allison & Brimacombe, 2014).

In considering all of these common features when assessing the communication style of older adults, interviewers and MDTs should be mindful of assigning any meaning or value to the manner in which older adults communicate. When interviewers and MDTs perceive the communication behaviors of older adults in a negative light, this is likely create a situation where the older adult is dismissed (Allison & Brimacombe, 2014). The way an interviewer perceives an older adult affects the way that they speak—they may adopt a more condescending or patronizing tone that is damaging to rapport with the older adult interviewee and information gathering throughout the interview (Allison & Brimacombe, 2014).

Considerations for Interviewer Questioning Techniques

Interviewers should be mindful of how questions are worded when interviewing older adults. Interviewers must word their questions with the individual older adult's ability to understand in mind. (See "[Leading and Suggestive Question Types](#)" section.)

Interviewers should avoid all of the following:

- Leading and suggestive language (e.g., "The night-nurse stole your money, didn't he?"; see also "[Leading and Suggestion](#)")
- Negative language (e.g., "Didn't you see Frank?")
- Figurative language (e.g., metaphors, analogies, hyperbole, idioms, etc.)
- Professional jargon/technical terms (e.g., "The incident that occurred...")
- Vague language (e.g., "dementia" can have many different interpretations for the older adult, such as insanity or forgetfulness; interviewers should avoid using terms that may mean different things or potentially upset the older adult)
- Compound or complex questions (e.g., "What was the brown-haired woman with the knife doing when her husband was rifling through the car?")

- Complex sentences are challenging because it takes too much working memory (Tangelos & Petersen, 2018).
- Stacked questions (i.e., asking more than one question at a time, e.g., “Tell me about the place where this occurred. What did the place look like? Were there items in the room?”)
- Questions that begin with “why” (these may come across as blaming)
- Patronizing style speech or tone of voice (Allison & Brimacombe, 2014; Love, 2015)
 - Interviewers should not slow their speech or speak louder unless an accommodation is required by the older adult being interviewed (Love, 2015).

Interviewers should instead utilize the following:

- Strengths-based language (see <https://info.nicic.gov/sites/default/files/Strength-Based%20Approach.pdf> for suggestions on the “strengths-based approach”)
- Questions posed in a neutral manner using language that would be used in interviews with a younger adult (Allison & Brimacombe, 2014)
- Clear and concrete language
- Prompting cues that incorporate the older adult’s words (e.g., “You said you went to the store. What happened next?”)
- Interview pacing the older adult sets
 - Word pacing as set by the older adult
 - Appropriate pausing that allows the older adult to process each question posed
- Polite language to redirect the older adult appropriately and respectfully if they become distracted or withdrawn from the topic
- Culturally appropriate language and cultural humility that respect the aspects of cultural identity that are most important to the older adult

Leading and Suggestion

Individuals of all ages are susceptible to leading and suggestive questions. Memory is not a complete copy of events as they transpired. Instead, memory of an event depends on the information that is encoded at the time of an event (Howe & Knott, 2015). This encoding is affected by what an individual pays attention to or is focused on during the event, which can be affected by a variety of different circumstances (Howe & Knott, 2015). Every time a memory is retrieved, it is reinforced, but it may experience slight alterations due to intrusions of similar memories (Hines, 2018). The memory retrieved is not of the original event but rather the memory of the last time the event was thought about (Hines, 2018). **These are some of the many reasons interviewers must consider the suggestibility of their questions when interviewing alleged victims and witnesses of all ages.**

Leading and suggestive questions, by definition, are questions that imply their answer within the given question. While suggestive prompts imply their answer within the question, they do not always encourage agreement in response (e.g., "Did they pull out a gun?"). Leading questions, however, encourage an older adult to respond in an expected way (e.g., "They took your money, didn't they?"). Leading and suggestive prompts may be closed-ended (e.g., "Did it hurt?") or open-ended prompts (e.g., "What did your nephew do to break your arm?" when the victim has not previously disclosed having their arm broken) that introduce new information to the person being interviewed that was not previously disclosed. Thus, as interviewers consider the suggestibility of questions they ask an older adult, it is critical to remember how memories are encoded and retrieved.

Similar to children and young adult eyewitnesses, research into the suggestibility of older adult eyewitness suggests that older adults may be susceptible to the effects of misinformation following an event (Memon et al., 2013). In addition, research indicates that older adults may have difficulty identifying the source of the information (e.g., something they witnessed, or something heard from someone else; Memon et al., 2013; Mitchell et al., 2003). Older adults tend to have impaired source monitoring, which means when they are being asked where or from whom they learned a piece of information, they may not be able to provide the source, but this does not

mean they are lying or hiding something. Thus, interviewers should consider the suggestibility of their questions when interviewing older adults. Interviewers should be mindful not to contaminate memories through asking leading and/or suggestive questions intentionally because this may skew memories/details provided throughout the interview and the criminal justice process. In general, leading and suggestive questions decrease the opportunity for independent responses while increasing the risk of inaccurate information.

Interviewers must be aware of their own biases and how they could potentially affect an older adult's memory through their line of questioning (e.g., preconceived ideas about a situation, preconceived ideas about victim/witness behaviors, confirmation bias, etc.). When interviewers are not aware of their biases and use suggestive questioning, they run the risk of receiving influenced, inaccurate information and increasing the risk of skewing an older adult's memory of the details of an event. This could be potentially problematic when attempts are made to corroborate the accounting of an incident. To combat this, interviewers should place emphasis on gathering information that is known by the older adult rather than emphasizing what the interviewer needs to know.

In addition to being aware of biases, interviewers must be intentional about the type of question that is asked (i.e., open-ended vs. closed-ended questions; see "[Question Types](#)"), the words used in each question (i.e., not introducing information through questions), and their tone of voice when asking questions (e.g., not questions that intentionally or unintentionally convey judgment or blame). Providing narrative prompts to encourage the accurate retrieval of episodic memories will provide the older adult being interviewed a greater opportunity to access memories more fully and completely. As discussed in "The Recycling Funnel Model," it is important to follow all closed-ended questions with an open-ended question to allow the older adult an opportunity to elaborate. This will help the interviewer avoid assumptions about the response.

For interviewers who have been trained in some interview and interrogation techniques, leading and suggestive questions are often encouraged to

identify deception or inconsistencies in the accounting of a suspect. While this has been considered a useful interrogation technique, it is less useful when interviewing victims and witnesses of crime.

Leading and Suggestive Question Types

Leading and suggestive questions may be reflective of interviewer bias. An interviewer might assume they know what the older adult is referring to (e.g., making assumptions about what is meant when the older adult says “sex”), or the interviewer might make assumptions or have expectations based on how the older adult behaves (e.g., making assumptions about an older adult’s reliability because they did not cry during the interview). Interviewers must continue to be aware of their own biases and not intentionally or unintentionally change the outcome of an interview through leading and suggestion because the judicial system relies heavily on memory evidence to determine whether a crime has or has not occurred (Howe & Knott, 2015).

Suggestive Questions

Suggestive questions are prompts that are framed in a way that implies their answer. When posed, suggestive questions often introduce new information to the older adult that in fact was not a true aspect of what they are reporting. Suggestive questions range from mildly suggestive, with minimal new information introduced, to highly suggestive, with multiple, explicit pieces of new information introduced. Suggestive questions are often framed as closed-ended, yes/no questions.

Examples:

- *Did they have a knife?* (Mildly suggestive)
- *Did they threaten you with a knife?* (Moderately suggestive)
- *Did they threaten you with a knife if you didn’t do what they asked?* (Highly suggestive)

Leading Questions

By definition, a leading question is a confirmatory question that prompts an individual to respond in a way that the interviewer expects. In other words, leading questions are suggestive prompts where the interviewer pushes the older adult to respond in a particular or expected way.

Tag Leading Questions: One type of leading question is known as a tag leading question. Tag leading questions are confirmatory statements that are preceded or followed by an interrogative phrase. Formatting a question in this manner is assumptive; it seeks only endorsement (i.e., instructing the answer that is expected), allowing little room for alternative answers. While this type of question is not unusual in general conversation, interviewers should work to keep forensic interviews free of tag leading questions.

Examples:

- *You ran away, didn't you?*
- *You don't remember what they said, do you?*
- *Didn't they make you scream?*

Presumptive Leading Questions: Another form of leading questions known as presumptive leading questions introduces information based on presupposition. Presumptive leading questions tend to be based on information the interviewer presumes to be true or involve misinformation. When posed, presumptive leading questions assume information, then encourage confirmation of that assumption. Presumptive leading questions may take many forms and are sometimes disguised as open-ended questions (e.g., asking "What did your husband hit you with to make that bruise?" when the victim has not previously reported being hit by their husband). Presumptive leading questions may also be presented in a closed-ended format, with forced choice or otherwise limited response options.

Examples:

- *Tell me about being attacked with the knife.*
- *Did they come after you with the knife before or after hitting you in the face?*

Note: The above questions are considered presumptive leading questions only when no details of an assault or a knife had been previously provided.

Depending on the individual and the circumstances, additional patterns or alterations in inquiry may be perceived as leading and/or suggestive. For example, repeated questions might indicate to the older adult that the first answer they gave was not good enough, and they might change their answer to please the interviewer. One way to remove this type of suggestion is to

indicate to the older adult a need to clarify by saying, "I need to ask some questions to make sure I understand."

Video Activity: Flossie

This activity requires one instructor.

The purpose of this activity is to consider communication strategies with older adults while examining a poor interview.

Instructions

1. Show participants the "Flossie" Video.
2. Have participants consider the interview tactics employed and how the interviewer could improve.

Instructor Guide:

- Ask participants for their initial impressions after viewing the "Flossie" video.
- What could the interviewer do to improve?
 - Consider the optimal time to interview Flossie (e.g., after Flossie has had her coffee, on a day when Flossie is less tired, etc.)
 - Respect Flossie's personal space/boundaries
 - Lower her voice
 - Pay attention to patronizing tone of voice
 - Ask more open-ended questions
 - Emphasize rapport building

Cognitive Decline

There are two major types of cognitive decline: reversible cognitive decline and nonreversible cognitive decline. The difference between these two types is extremely important because while their symptoms often look similar, the approach of the interviewer and the quality of the forensic interview are affected differently, depending on which type of decline is involved.

Reversible Cognitive Decline

Not all cognitive decline is due to irreversible conditions such as dementia. Depression and delirium are two medical conditions commonly misdiagnosed as dementia. Disturbances in body chemistry, infection, endocrine disorders, medication reactions, medication overdose, illicit drugs, or alcohol can present similarly to dementia. In addition, many over the counter and prescription medications may affect mental acuity. For example, opioid pain medications, benzodiazepines sleep medications, and antidepressants may negatively impact alertness and cognitive performance and should be taken into consideration when interviewing older adults.

If the interviewer at any stage of the interview assesses that the older adult is having difficulty with the interview that may be due to cognition, the MDT should encourage a further assessment by a physician to see whether there is a reversible reason the person is presenting in that way.

Even when someone has a diagnosis such as Alzheimer's disease, these other factors should be ruled out to ensure the older adult can participate to the greatest extent possible. As noted previously, a perpetrator may overmedicate an older adult to purposely keep them from being able to report the victimization. An older adult in early stages of the disease may present as in later stages due to overmedication by the perpetrator. If addressed by a medical professional, the interviewer can attempt an interview at a time when the older adult is properly medicated. This is part of the importance of the MDT for forensic interviewing of older adults to pull in a wide array of resources to assess and address these types of issues.

Irreversible Cognitive Decline

Some conditions cause irreversible cognitive decline. While treatment can slow the progression of these conditions, they are chronic, with an increasing decline in the cognitive processes of the aging brain. These conditions are called neurocognitive disorders (NCDs) in the DSM-V. They are more commonly referred to as dementia. An NCD is a deficit in cognitive functioning that represents a decline from a previous level of functioning not caused by a psychiatric condition. Symptoms include memory impairments, deficits in attention, visual-spatial ability, social cognition, and, importantly, executive functioning.

This curriculum uses the term dementia because it is still the term used by many professionals in the medical field. Forensic interviewers should address any bias they have in the use of this term. For example, the term dementia is often used in a way that equates memory loss with forgetfulness, but some types of NCDs do not present until later (or at all) as memory loss.

The forensic interviewer should never use the term demented to refer to an older adult. This is not strengths-based or people-first and labels a person in a way that is not medically based. The forensic interviewer should use "an older adult living with dementia." Even better for the purposes of a forensic interview is to focus on the symptoms and not a diagnostic label. The forensic interviewer can refer to the person as "an older adult with signs of forgetfulness." The diagnostic label is less important than the symptoms that affect the interview.

Finally, the forensic interviewer should be careful of using the term dementia in the interview questioning. The term as used in general society is vague and does not provide the forensic interviewer the level of detail necessary to truly understand the cognitive state of the person and how that affects their testimony. It is better to ask older adults about specific symptoms.

Consider this example in asking about an older adult's family member during pre-interview considerations:

Do not ask: *Does your husband have dementia?*

Instead say: *Tell me about any times your husband has been forgetful.*

If the response includes symptoms of forgetfulness, it is appropriate to follow up to see whether the person they are describing has been medically assessed or diagnosed and is receiving treatment.

Dementia

Dementia is a general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities. There are a number of subtypes of dementia. The DSM-V lists these subtypes of NCDs, when you hear "dementia" or "NCD" they can have many different meanings:

- Alzheimer's disease
- Vascular NCD
- NCD with Lewy bodies
- NCD due to Parkinson's disease
- Frontotemporal NCD
- NCD due to traumatic brain injury
- NCD due to HIV infection
- Substance/medication induced NCD
- NCD due to Huntington's disease
- NCD due to prion disease
- NCD due to other medical conditions
- NCD due to multiple etiologies
- Unspecified NCD

Video Activity: What is Dementia?

This activity requires one instructor.

The purpose of this activity is to gain a deeper understanding of dementia.

Instructions

1. Show participants the “What is Dementia?” video.
2. After watching the video discuss what participants have learned.

Instructor Guide:

- Emphasize the following about dementia:
 - Dementia is not a normal part of aging.
 - Presentation/symptoms may vary as different parts of the brain are affected.
- What are your initial impressions after watching the video?
- Was there any information that was surprising?

As should be clear from this list, having an NCD or dementia is not simply a matter of aging. An older adult can experience cognitive decline due to a traumatic brain injury or HIV infection that would not have occurred otherwise.

Approximately 10% of people over 65 years of age and up to 50% of people over 85 years old have dementia (Alzheimer’s Association, 2015). Forensic interviewers should keep in mind that dementia is not an inevitable part of aging. When it does occur, the onset can be slow or sudden. Because of the nature of victimization as described previously, forensic interviewers must be aware of the effects of dementia and how to effectively communicate with older adults living with dementia because it is a significant risk factor for elder abuse when present.

Dementia may affect the ability to recall old information or learn new information. As noted previously, not all dementias affect memory, especially in earlier stages. To be diagnosed, people will experience significant deficits in at least one of the following areas: writing and speech, recognition of people

or objects, motor activities, planning, execution of plans, and monitoring of their own behavior. The deficits must be significant enough to affect a person's ability to work or perform daily activities of living or cause problems in social relationship to qualify as dementia. In short, the illness must affect a person's functioning.

Inability to complete simple tasks, poor judgment, unrealistic plan making, violent behavior, suicidal ideation, frequent falls or stumbling, disregarding social conventions (making crude jokes, poor hygiene), and levying accusations against loved ones (e.g., that they are stealing property or poisoning the older adult) are some behavioral characteristics of people living with dementia. People living with dementia may be unaware of their condition. Dementia is experienced individually, so while some commonly appearing behaviors are listed, not everyone will demonstrate the same disease trajectory. "No two people experience dementia in the same way. A person's behavior will be influenced by so many things: the type of dementia the person has, their personality, their health, and the support and environment around them" (Social Care Institute for Excellence, 2020).

Common Subtypes of Dementia:

Alzheimer's disease is the most common type of dementia, affecting approximately 5.8 million people in the United States (The Journal of Alzheimer's Association, 2021) and ranking as the fifth leading cause of death for older Americans ("Alzheimer's Disease, Part I," 1998; The Journal of Alzheimer's Association, 2021). Its onset is gradual, followed by progressive degeneration. Memory impairment, language deficits, and declines in visual and spatial processing are typical symptoms of Alzheimer's disease (Cummings, 2004).

In early stages, symptoms typically include the inability to take in new information or recall past events and personality changes, including rigidity, apathy, egocentricity, and impaired emotional control (Balsis et al., 2005). As the disease progresses, symptoms including irritability, depression, delusions, delirium, and wandering are observed. In more advanced stages, language, recognition of loved ones, mobility, and the ability to perform ADLs are lost.

Vascular dementia results from damage to the brain that restricts blood flow,

including a series of small strokes, a single major stroke, or other chronic conditions that damage blood vessels in the brain (Mayo Clinic, n.d.). Functional and cognitive deficits are determined by the location of the stroke or strokes or damaged blood vessels. Most people with vascular dementia also have other types of dementia, often Alzheimer's.

Lewy body disease (LBD) is marked by sleep disturbances, visual hallucinations, and visuospatial impairment. These symptoms may occur without memory impairment. Most people with LBD will also develop Alzheimer's, and when that happens, memory loss will occur.

Frontotemporal dementia (FTD) is an umbrella term for several diseases that affecting the frontal and temporal (side) parts of the brain. Early symptoms include changes in personality and behavior, and language in early stages memory is not affected. "Some people with frontotemporal dementia have dramatic changes in their personality and become socially inappropriate, impulsive or emotionally indifferent, while others lose the ability to use language properly" (Mayo Clinic, 2021). In some cases, movement is affected leading to tremors, rigidity, muscle spasms, loss of coordination, swallowing problems, and inappropriate laughing or crying (Mayo Clinic, 2021). Scientists believe that FTD is the most common cause of dementia in people younger than age 60 and that the majority of people with FTD develop symptoms between the ages of 45 and 60.

Stages of Dementia: Regardless of the type of NCD, people will present on a continuum ranging from no symptoms to very advanced symptoms. When working with someone with Alzheimer's Disease, the person will fall onto a continuum of stages based on level of functional impairment. Again, these levels are not solely based on memory or recall but rather signs and symptoms of how the brain's functions are impaired to meet the older adult's needs.

The stages range from no impairment, which occurs when clinical tests (biomarkers) show that Alzheimer's disease is present, but the older adult is experiencing no impairment in functioning, to very severe symptoms impairing functioning, which is often marked by the older adult being

unresponsive and in need of care for most functions. The names of the stages can vary depending on the reference source, but they all follow a general pattern from little to no impairment to severe impairment toward the end of life. The progression of these stages will vary significantly from person to person.

Older Adults With Severe Impairment: While a forensic interviewer should attempt to obtain the facts from all older adults, people within the categories of severe decline may not be able to participate in the forensic interview process. The signs and symptoms of later stages of dementias are often quite apparent. Most often the interviewer will notice the significant memory loss. The person may no longer be able to recognize other people who are close to them or even themselves. They may believe they are in a different place or even time period. Gentle redirection by the interviewer will not result in getting them to understand or focus on the purpose of the interviewer.

If the interviewer believes the individual can participate in the interview, they should proceed with caution. The interviewer must be sure they are conducting the interview legally and ethically. The interviewer should be careful the older adult understands why they are being asked questions and is consenting to being part of the interview. The MDT should gather information about concerns regarding the older adult's capacity to give consent from non-offending family, caregivers, and medical professionals, and in some cases, they may even need to obtain a capacity assessment.

The interviewer must also be aware if the older adult with severe impairments from dementia is experiencing a high level of distress from the interview process. Agitation will be discussed later, but the interviewer should monitor the individual for any nonverbal signs of increasing anxiety, fear, frustration, agitation, and disorientation. If any of these are occurring, the forensic interviewer should stop the interview and consult with the MDT and non-offending caregivers regarding whether it is possible to interview the older adult who is experiencing severe symptoms without causing distress.

Older Adults with Mild to Moderate Impairments: For the most part, the forensic interviewer will be interviewing older adults with mild to moderate

impairment levels due to the symptoms associated with dementia. More mild impairments can be harder to detect and will not always be apparent, especially in earlier stages of the interview. Characteristics may include being more forgetful of details of recent events, being more likely to repeat themselves or lose the thread of a conversation, being slower to grasp complex ideas, taking longer to complete routine tasks, having difficulty handling money, showing poor judgment and making poor decisions, losing interest in hobbies or activities, being unable to adapt to change, and appearing more apathetic.

The challenge for the forensic interviewer is that these characteristics can be difficult to detect even for people who know the person well. Because the forensic interviewer will often not have the ability to compare the person to a baseline, they need to look for some other signs that can provide an indication in the moment of a concern, especially if the older adult has not been diagnosed.

One sign could be that the interviewee is disoriented to time and place. If the interviewer notices this as a concern, they can use a prompting statement like “where are you right now?” Questions about place and time should not be routine, but they can be used when trying to identify if there is a concern that cognitive functioning may be affecting the interview.

The interviewer is not looking necessarily for perfect answers to questions about place and time. For example, consider this example from an interview conducted by law enforcement at an advocacy center for victims in an office complex:

Interviewer: *Tell me about the place you are at right now.*

Interviewee: *I am at a police station.*

This would not necessarily be a red flag of dementia. Someone from law enforcement is interviewing them in a building that is not their home or a place they are familiar with. This simply may be a detail that is not relevant to the functioning going on within the brain for this experience. However, if the

response is significantly different, there may be a concern, such as in this example from the same place as above:

Interviewer: *Tell me about the place you are at right now.*

Interviewee: *I am at your house.*

This would most likely be a concern because the context of the interview doesn't suggest in any way that the interview would be in someone's home. Sometimes, though, the indicators are not as clear. Even in the first example, the interviewer can follow the question funnel in order to assess the reasoning of their answer:

Interviewer: *Tell me about the place that you are at right now.*

Interviewee: *I am at a police station.*

Interviewer: *Why do you think you are at a police station?*

Interviewee: *Because you are a police officer and that is where you work.*

This response makes sense. But if they say something like "because my dad brought me here yesterday and they tried to lock me up," the reasoning is not consistent with the conclusion.

It is important when following up that the interviewer does not immediately correct the older adult before letting them offer their reasoning. Older adults with even moderate levels of impairment can often react to the cues of the interviewer to anticipate how they are supposed to answer.

Sometimes interviewees will also talk about people who are not present or even deceased as if they are there with them or currently in their life. This can also be a sign of being disoriented due to dementia.

People living with dementia can also have poor judgment and an inability to explain a logical reason for their actions, such as wearing a heavy coat on a hot summer day or no jacket and a short-sleeved shirt during the winter. If the interviewer is able to identify behavior that shows questionable judgment, ask the person about it. If the answer to a question regarding a heavy coat on a

hot summer day is that they get cold often in air conditioning and they knew they were going to be interviewed inside, the selection of the coat, of course, would be of less concern. If their answer does not provide a logical explanation, this may be a sign of a dementia.

Other signs you may be able to observe include wandering or becoming lost easily; not knowing where they live; rapid mood swings due to anxiety, suspiciousness, or agitation; or a slow walking gait that features sliding movements (shuffling) due to the person not lifting their feet. Interviewers should also be aware that any of these symptoms could also be a sign of a reversible cognitive condition as well. The significance here for an interview is not to guess at a diagnosis but to be aware of the effect of cognitive decline on an interview and determine when further assessment may be necessary.

Interview Challenges: People living with dementia may experience changes in their ability to communicate. However, it is important not to make assumptions about a person's communication ability or memory based only on their diagnosis or initial presentation. Dementia affects each person differently. Additionally, the changes in communication ability will vary based upon how far the dementia has progressed. As the disease progresses, an older adult's ability to communicate becomes increasingly impacted. They will follow patterns such as these:

- Have difficulty finding the right word to use
- Repeat stories
- Feel overwhelmed in the presence of excessive stimuli
- Extensively use familiar words
- Describe familiar objects instead of referring to them by name (e.g., the thing that tells you what time it is vs. clock or watch)
- Lose track of their general ideas when speaking
- Be unable to answer a question that asks them to describe multiple events (e.g., "Tell me everything that happened once you got up on Tuesday")
- Be able to provide a linear or chronological answer
- Struggle with the logical organization of words
- Revert to speaking their primary language if they are multilingual

- Verbally communicate less often and rely more on gestures to communicate

Strategies for Communicating with Individuals Living with Dementia:

In general, the forensic interview should use the same techniques that are used with all adults to show interest, listening, and respect. The following is a list of considerations for when the interviewer is aware of a diagnosis or behaviors that may indicate the older adult has impairments from dementia that could affect the interview.

Pre-interview considerations:

- Plan for more time than normal to conduct the interview.
- Attempt to schedule the interview at a time of day that is best for the interviewee.
- Make water available because people living with dementia may be more susceptible to dehydration.
- Remove possible distractions (e.g., hallway traffic, busy pictures on walls, television or radio noise, etc.) from the interview location.
- Anticipate medical conditions that may require treatment or the need to take a prescription during the time the older adult is away from their home for the interview.
- Try to minimize the amount of time people are around larger groups of people (i.e., a waiting room).

Utilize Pre-Interview Considerations Checklist (Appendix V) for additional considerations related to the setting of the interview.

Strategies for Communicating with Individuals Living with Dementia:

- Physical Approach
 - Approach victims from the front. Don't come up from the side or from behind.
 - Face the person you are speaking to and refer to them by their formal title (i.e., Mr., Mrs., Ms., Dr., etc.) or preferred name, if known. Utilizing their name will help ensure that you have and keep their attention.

- Establish and maintain eye contact at eye level as much as possible. Do not require the older adult to look you in the eye. Lack of eye contact may be due to culture, preference, neurodiversity, etc.
- Minimize speaking with hands.
- Try to avoid any sudden movements.
- Verbal Approach
 - Introduce yourself and explain that your job is to help them.
 - Develop rapport to decrease anxiety; diminished cognitive functioning does not take away a person's ability to feel anxious or fearful.
 - Do not infantilize the person living with dementia (i.e., using a high-pitched tone).
 - Speak slowly and clearly while using simple words.
 - Be prepared to reintroduce yourself and your role several times.
 - Keep conversations brief.
 - Keep questions short.
 - Pause between questions as needed.
 - Explain all of your actions prior to doing them. Repeat why you are doing something if necessary.
- Style/Affect
 - Be warm, friendly, and conversational.
 - Use a low-pitched reassuring tone.
 - Do not shout or yell.
 - Try using nonverbal communication along with verbal instructions. For example, if you want someone to sit down, show them by sitting down yourself first.
 - Take breaks as needed.
 - Do not argue with a person or try to orient them to reality.
 - Gently redirect if the individual becomes anxious.
 - Become aware of any triggers (use the Pre-Interview Considerations Checklist in Appendix I) and avoid them.
- Question Structure
 - Don't get into the exact details of everything you do right away or all at once.
 - Avoid slang and figures of speech (e.g., idioms, axioms, hyperbole).
 - Avoid pronouns as they may become confusing.

- Use real names for people and objects.
- Avoid finishing an older adult's sentences.
- Repeat statements and questions if necessary.
- Give simple, step-by-step instructions, and, whenever possible, a single instruction at a time. For example, don't say, "Please sit here, make yourself comfortable, and tell me about yourself." Instead, you want to say, "Please sit here." After they sit down, say, "Would you like me to take your coat?" After they have given you their coat, say, "Tell me about yourself."
- Avoid saying "I've already told you that" or "Like I said before . . ."
- Consider exceptions to funnel question order based on needs of older adult. Choice or yes/no questions may be necessary because the person may not be able to answer questions that require them to recall and recite a sequence of events.

Video Activity: Kids Interview People with Dementia

This activity requires one instructor.

The purpose of this activity is to gain a deeper understanding of dementia.

Instructions

1. Show participants the "Kids Interview People with Dementia" video.
2. After watching the video discuss what participants have learned.

Instructor Guide:

- What are your initial impressions?
 - Question types/structure
 - Establishing rapport
 - Demeanor
- What did you notice about each older adult's ability to communicate?

Critical Issues for Forensic Interviewing Victims Living with Dementia

Interviewers may not always know whether an interviewee is a person living with Alzheimer's disease and related dementias (ADRD). But if their status is known, there may be some hesitation about interviewing persons with ADRD. Alzheimer's disease and other dementias are progressive conditions that lie along a continuum of severity (Alzheimer's Association, 2021). Persons with ADRD should be interviewed, particularly in the earlier stages of the disease. Further, research confirms that persons with ADRD can report on emotionally meaningful events, such as the experience of elder abuse (Wiglesworth & Mosqueda, 2011). Ensuring persons with ADRD are interviewed as part of a criminal investigation is an access to justice issue. Therefore, regardless of stage—which likely will be unknown—interviewers should always try to interview persons with ADRD and let the courts determine the credibility of the information obtained. Further, the interview may reveal a need for services that otherwise may remain unknown.

There are three critical issues that require attention for forensic interviewers during the interview in addition to the general steps listed in the preceding section: (a) using supportive touch, (b) addressing agitation, and (c) dealing with reality disorientation. Each of these issues are extremely complex and require the forensic interviewer to work with their MDT and outside expert consultation as needed to address for each individual.

When using caregivers to help determine the best course of action, the interviewer needs to be confident the caregiver is not an offender and that they are truly using effective techniques. The interviewer should also be aware that just because the techniques work for the caregiver, who has an existing relationship with the older adult, it doesn't mean that the techniques will work for the interviewer who is a new person in the older adult's life.

Each of these issues is covered below with some general considerations for forensic interviewers.

Using Supportive Touch: Knowing how a person living with dementia responds to physical touch is important. The decision for an interviewer to engage in physical touch should consider the person being interviewed, how they are doing in the moment, and what the allegations are. **Physical touch should only be considered when initiated by the interviewee and should be an intentional decision made by the interviewer that they should be fully prepared to defend, if necessary.** Touch can be utilized as a rapport-building strategy and/or for redirecting the individual back to the conversation.

Example: During an interview, while describing a life event, an individual may begin to cry as they talk about something upsetting and reach for the interviewer, asking, "Do you understand? Do you understand?" In such an instance, the interviewer may want to respond by gently touching the person on the arm or shoulder in a reassuring manner as a way of responding.

Addressing Agitation: Like all people, individuals living with dementia read and interpret verbal and nonverbal communication during a conversation. Interviewers should be aware that an individual living with dementia may become distressed or agitated by sudden movements, tone of voice, or a tense facial expression, despite the words spoken. Interviewers should make sure their body language and facial expression match what is being said by the older adult, even if this might feel a bit forced at times. Interviewers should also pay close attention to the body language of the older adult they are speaking with because it will convey interest/disinterest, calmness/anxiety, and aggression.

Persons living with dementia can become quickly agitated and even aggressive, even when talking about non-triggering topics. Interviewer and interviewee safety should always be paramount during an interview. Use language that implies doing an activity together as opposed to language conveying that the person living with dementia must perform the activity alone (e.g., "Let's talk" vs. "Do you want to talk with me?"). Joint activities tend to be more enjoyable, and this technique has success in generating participation in individuals living with dementia (Alzheimer's Society, 2020). If the older adult becomes increasingly agitated, interviewers should utilize de-escalation techniques such as keeping their body language soft and open,

using a calm tone of voice, using simple language, asking questions that require a shorter response, redirecting the conversation to a new topic, avoiding arguing with the older adult, and providing supportive statements.

Dealing with Reality Disorientation: When an individual living with dementia introduces difficult questions or becomes distracted by thoughts that are not oriented to the current conversation or what the interviewer believes to be their current situation, employ redirection techniques, and do not directly attempt to reorient them to reality (e.g., telling them that their loved one has died, that they can't go home, etc.). Be as honest as you can be with the individual while you are working on reducing their anxiety and directing them back to the topic that you were talking about before their attention became focused on a different topic.

Example 1:

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 _____.*

Example 2:

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?*

If this type of redirection is unsuccessful, consider engaging in an activity that still allows the person to answer questions. If communication stops working, be aware that something grounded in the comfort level may be causing the older adult difficulty participating in the interview. This includes hunger, temperature, having to use the toilet, or pain. Offering to get them a snack, adjusting the room temperature or providing a blanket, or taking a bathroom

break may help. If the older adult is observed rubbing part of their body and grimacing, they may be experiencing pain. A person living with dementia may not recognize what is causing them discomfort and simply become unable or unwilling to participate.

The interviewer may need to make the decision to take a break, come back a different day to continue with a multisession interview, or determine an interview may not be appropriate for this individual. These decisions should be made by the MDT and always with the best interest of the individual being interviewed.

Video Activity: Living with Dementia

This activity requires one instructor.

The purpose of this activity is to gain a deeper understanding of dementia.

Instructions

- Show participants the “Living with Dementia” video.
- After watching the video discuss what participants have learned.

Instructor Guide:

- What are your initial impressions after watching the video?
- What did you notice about each older adult’s ability to communicate?

Small Group Activity: Pre-Interview Considerations (25 Minutes)

This activity requires two instructors.

The purpose of this activity is to apply what participants have learned during pre-interview considerations to their assigned case scenarios.

In-Person Instructions

1. There are six case scenarios that are referenced throughout the training and are used for the practicum on the final day.
2. Each participant in this activity is assigned the case scenario that they were assigned during the pre-assessment:
 - Case 1: May**
 - Case 2: Allen**
 - Case 3: Benny**
 - Case 4: Camille**
 - Case 5: Judy**
 - Case 6: Kishan**
3. Have participants break into groups based on their assigned scenario (e.g., everyone assigned to Judy meets, etc.), so there will be six groups with a max of four people in each group.
4. Have each group of four work together to discuss which pre-interview considerations checklist would be most appropriate to use based on the case example (Caregiver or self-reported).
5. Have each group discuss which considerations might need to be made based on the information they have at this point.
6. This is the case scenario that the participant will work with for the rest of the course and the interview they will complete on the final practicum day.
7. Give 10 minutes for groups to complete the checklist.

8. Give each group 2 minutes to share what they came up with the whole group.

Virtual Training Instructions

1. There are six case scenarios that are reference throughout the training and are used for the practicum on the final day.
2. Each participant in this activity is assigned the case scenario that they were assigned during the pre-assessment.

Case 1: May

Case 2: Allen

Case 3: Benny

Case 4: Camille

Case 5: Judy

Case 6: Kishan

3. Participants will be assigned to breakout rooms based on the case scenario they have been assigned at the beginning of the course (e.g., all participants with scenario 1 are in a group and so on).
4. Have each group of four work together to discuss which pre-interview considerations checklist would be most appropriate to use based on the case example (Caregiver or self-reported).
5. Have each group discuss which considerations might need to be made based on the information they have at this point.
6. Each scenario group should choose a representative to share what their groups discussed following the activity.
7. The groups will have 10 minutes to complete the checklist.
8. After 10 minutes, participants will return to the main room and discuss as a large group.

INTERVIEWING OLDER ADULTS

INTERVIEWING OLDER ADULTS

Interviewing older adults successfully takes time, patience, and the ability to meet the older adult where they are at in the moment. To accomplish an interview with an older adult, several semi-structured steps are recommended. It is important for interviewers to remember that no two interviews will look the same, just as no two people are the same.

SAFE Model Semi-Structured Steps

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

Establishing Rapport

During an interview, victims and witnesses are often asked to disclose personal experiences and provide detailed information about potentially traumatic or embarrassing experiences to complete strangers. When working with all victims, it is important that interviewers work to create a psychologically safe environment where victims are comfortable. This environment is critical because when older adults feel comfortable, they provide a great amount of and higher-quality information (Marche et al., 2014). This requires investing time to develop meaningful rapport with the older adult.

Establishing meaningful rapport serves to accomplish the following:

- Create a relaxed and supportive environment
- Reduce the older adult's anxiety
- Establish trust between the interviewer and older adult
- Help the interviewer get to know the older adult and create a baseline for the interviewer to measure these things:
 - Identify strengths
 - Identify cognitive and social issues
 - Identify cultural considerations
 - Assess the older adult's comfort level
 - Assess the older adult's mode of communication

It is important to note that rapport is a state, not a step. Rapport begins with the first encounter, but it does not stop there. Rapport must be built upon and maintained throughout the entire interview, even if the interview takes place over multiple sessions. This level of rapport is different than the conversations an older adult might have casually or socially in their daily life. The primary focus is to ensure and demonstrate to the older adult that the interviewer is focused solely on the older adult and values what they have to say. When performed successfully, this connection aids in establishing the interview as a safe environment, reducing anxiety and establishing trust between the older adult and interviewer. This combination creates an environment where older adults feel safe to talk about their experiences and offers the best opportunity for them to share what happened more completely and with the greatest amount of detail.

To establish this level of rapport, interviewers must work to find something interesting about the older adult and/or work to learn something new or interesting about them. When an interviewer takes the time to genuinely learn something new or interesting, it demonstrates that the interviewer is genuinely interested in the things the older adult has to say and values them as an individual. Having a conversation with the older adult in this manner sets the tone for the conversation going forward and is critical to conducting trauma-informed, victim-centered interviews.

A critical rapport-building step for older adults is asking how they would like to be addressed. Unlike most interviews with children and even some adults, the preferences of older adults on how to be addressed can range significantly. The interviewer should not assume calling an older adult "sir." Sometimes this may be appropriate, but other times the older adult will respond that sir is their father, as that is how they were to refer to their father during certain times. Even the use of nicknames may be appropriate to use for older adults. For example:

Interviewer: *Hi, Martha Jones. My name is _____. 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.*

Introduction

The first step in developing rapport is through informing the older adult about the interviewer's role. Being upfront and honest with the older adult will assist in breaking down potential barriers or concerns. There should not be any need for the older adult to guess why the interviewer is there, what their job is, or what their intentions are. The purpose of this introduction is to orient the older adult, including sharing information about the interview environment (e.g., camera, observers, taking notes, interpreters, etc.).

Sample Language

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

Make It Personal

One simple way to establish rapport is to let the older adult lead the conversation by asking them about themselves in an open-ended way. Once topics have been offered by the older adult, the interviewer should follow the older adult's lead and ask open-ended follow-up questions about the topics. It is important to ensure each question is personalized to the older adult's experience, rather than learning about topics in general. One effective way interviewers can personalize this conversation is through using prompting cues that repeat the end of the previous statement (i.e., repeating the older adult's words in the question) and ensuring the question is personalized to the individual's experience. This type of questioning will also assist the organization of the conversation as the older adult is recalling details about their experiences.

Sample Language

Interviewer: *I'm looking forward to talking with you today and before we get started, I'd like to get to know you better. Tell me about yourself.*

Interviewee: *I play cards and bingo on the weekends; I also enjoy crocheting.*

Interviewer: *You said that you play cards on the weekends. Tell me more about playing cards.*

Another purpose of engagement and rapport is to establish a baseline and common understanding between the interviewer and older adult for the conversation ahead. This will be discussed in more detail during the "[Establishing a Baseline](#)" section.

Establishing Rapport Summary

- Be friendly, warm, and conversational.
- Body language should remain neutral, not cold.

- Engage in conversation about topics of the older adult's choosing (e.g., activities or interests) and personalize.
- Consistently pose open-ended questions (e.g., "Tell me about your family").
- Use prompting cues that repeat the end of the previous statement (e.g., "You said you like to play cards; tell me about playing cards").
- Do not move away from engagement and rapport until you are engaged with the older adult and the older adult is demonstrating that they are comfortable, and that anxiety is reduced.
- Depending on the needs of the older adult, it may be appropriate to take a break or consider a multisession interview after any of the semi-structured steps.

Establishing Interview Guidelines

Interviews are structurally different from a conversation and may be unfamiliar to older adults. Therefore, it is important to introduce interview guidelines to orient an older adult to the expectations of the interview. Setting guidelines for both the interviewer and the older adult being interviewed will decrease suggestibility and empower the older adult. Interview guidelines should be considered in the context of the individual's strengths and the potential impact each guideline might have on the process.

Interview guidelines should be introduced conversationally by the interviewer and should avoid just listing the guidelines. As the guidelines are being presented to the older adult, the interviewer should consistently be assessing the older adult's verbal cues and/or body language to ensure the older adult is tracking what is being presented. If an individual does not understand a particular guideline, it may be beneficial to follow up the guideline with a concrete example. As the interview progresses, if the older adult uses any of the guidelines, the interviewer may verbally reinforce the guideline (e.g., "Thanks for letting me know that you don't know.>").

There are five guidelines to consider when interviewing older adults:

- Don't know/don't guess
- Don't understand/doesn't make sense
- Correct me
- Don't want to talk about it
- Say it when you remember it

Don't Know/Don't Guess

During the interview process, the interviewer may ask questions the older adult does not know the answer to. It is important that the interviewer convey that it is okay that if the older adult does not know the answer to a question, they can simply state they do not know. When an older adult says, "I don't know," during the interview, the interviewer is encouraged to provide reinforcement to the older adult for not guessing.

The guideline should be stated clearly and simply. Example:

Interviewer: *If I ask you a question and you don't know the answer, tell me you don't know. I don't want you to guess.*

Don't Understand

The "don't understand" guideline empowers the older adult to let the interviewer know when a word, concept, or question doesn't make sense. While the interviewer should work to use clear language, certain phrases may be confusing to the older adult and need to be reworded by the interviewer. Interviewers should keep in mind that some older adults might not want to admit that they don't understand because they want to be liked or respected by the interviewer.

The guideline should be stated clearly and simply. Example:

Interviewer: *If I ask you a question that is confusing or does not make sense, please tell me, and I will try to make the question clearer.*

Correct Me

The “correct me” guideline directly relates to the minimization of suggestibility. If an interviewer inadvertently repeats something inaccurately or says something wrong, the older adult is then empowered by this guideline to correct the interviewer throughout the interview.

The guideline should be stated clearly and simply. Example:

Interviewer: *If I get something wrong, please correct me. I want to make sure I understand everything you tell me.*

This guideline is not intended for interviewers to conduct a suggestibility or competency test during an interview. In other words, interviewers should not misspeak on purpose later in the interview just to check whether the older adult will correct the interviewer or change their response. For example, when the older adult says that they were mugged in the parking lot of an art museum, the interviewer should not purposely repeat back, “So, you were mugged at the Museum of Natural History?”

Interviewers should reinforce what the older adult says by repeating their exact words. The interview is not meant to shape or change the language of the older adult. It is essential that the older adult feel empowered to report or disclose in their own words throughout the interview process.

Don't Want to Talk About It

During an interview, there may be one or more topics that the older adult is not ready to discuss with the interviewer. Addressing this possibility when providing the guidelines empowers the older adult that they are only being asked to discuss topics they are ready to talk about. This will provide more accurate information during the interview than when the older adult feels they need to leave certain details out. This empowers the older adult and is also trauma-informed by reinforcing choice to the older adult about what information is shared, when, and with whom. It also reduces risk of a selective, edited, incomplete, and less than accurate report.

The guideline should be stated clearly and simply. Example:

Interviewer: *If I ask a question that you do not want to answer, just tell me, and I will ask you about something else. We will only discuss what you want to talk about.*

Interviewers can also let the older adult know that they would prefer that the older adult say, "I don't want to talk about it" than to lie or be untruthful.

Interviewer: *If I ask a question you don't want to answer, it is okay to let me know that. I would rather you tell me you don't want to talk about a topic than to make up details or say that nothing happened.*

Say It When You Remember It

Older adults should play a critical and active role in a forensic interview. Therefore, it is important that an older adult understand upfront that a successful interview requires considerable effort on their part. The older adult should be prepared to access memory in various ways to provide as many details as possible. An older adult is most efficient at retrieving memory if the context of the event is re-created during the interview.

Generally, recalling details becomes most achievable when the details are perceptually related to the current mental image of the event under discussion. The more the memory of an event is recalled, the more details they will remember. To maximize the details shared and amount of

information provided, older adults should be encouraged to report everything they remember, even if the memory is out of chronological order, seems trivial, or contradicts an earlier statement. An older adult should be empowered to share memories as details are recalled and while the memory is temporarily accessible.

The guideline should be stated clearly and simply. Example:

Interviewer: *If you remember information about something we have already talked about, please share that with me as soon as you think of it.*

Interview Guidelines Summary

- Guidelines should be conversational and agreed upon.
- Guidelines should not just be listed to the older adult.
- The interviewer should consistently take notice of the verbal cues and/or body language to see whether the older adult is following along with the guidelines as they are presented.
- Depending on the needs of the older adult, it may be appropriate to take a break or consider a multisession interview after any of the semi-structured steps.
- If a follow-up interview is needed, the interviewer should revisit the guidelines in each session.
- The interviewer should watch for and address any signs that presenting a guideline may have created a block or barrier in communication with the older adult.

Small Group Activity: Introduction, Engagement and Rapport, and Interview Guidelines (45 minutes)

This activity requires two instructors.

The purpose of this activity is for participants to apply and practice what they have learned during the Introduction, Engagement and Rapport, and Interview Guidelines phases of the interview.

In-Person Training Instructions

1. Each participant in this activity picks a partner.
Note: If there is an uneven number of participants, have one group of three.
2. To start, have the groups decide who will be the first interviewer and first interviewee.
3. The first interviewer will have 15 minutes to introduce themselves, their role, the setting, develop rapport, and review interview guidelines with the interviewee.
4. When being asked questions, the interviewee should share things about themselves (e.g., hobbies, hometown, food, sports, music, etc.).
5. Then, the participants switch roles, and the interviewee now becomes the interviewer and will have 15 minutes to introduce themselves, develop rapport, and review interview guidelines.
6. After the groups are finished, debrief as a large group.

Virtual Training Instructions

1. Each participant will be assigned a partner and sent to a breakout room.
Note: If there is an uneven number of participants, have one group of three.

2. To start, have the groups decide who will be the first interviewer and interviewee.
3. The first interviewer will have 15 minutes to introduce themselves, their role, the setting, develop rapport, and interview guidelines with the interviewee.
4. When being asked questions, the interviewee should share things about themselves (e.g., hobbies, hometown, food, sports music, etc.)
5. Then the participants will switch roles. The interviewee now becomes the interviewer and will have 15 minutes to introduce themselves, develop rapport, and establish interview guidelines.
6. After the groups are finished, participants will return to the main room and will debrief as a large group.

Instructor Guide

Discussion Questions:

- What did you notice as the interviewer?
- What did you learn about the interviewee during Engagement and Rapport?
- What did you notice as the interviewee?
- Did you feel like the interviewer provided a clear introduction?
- Did you feel like the interviewer communicated that they cared about you and valued the things you had to say?
- How did it feel to establish interview guidelines when talking to a fellow participant? How do you think this may differ when speaking to an older adult?
- What adaptations may you apply to your assigned case scenario?

Establishing a Baseline

Establishing a baseline for communication with an older adult helps interviewers continue rapport development with the older adult and set a mutual understanding for how questions will be asked. Through this process, the older adult learns the level of detail expected throughout the interview process by practicing narrating about a neutral event (e.g., an activity or recent event of interest to the older adult). Baseline development provides an opportunity for the older adult to demonstrate their abilities through the providing of information about a specific episode (i.e., event) by accessing episodic memory, as they will be asked to do later in the interview.

In addition, baseline development lets the interviewer assess how the older adult responds to questions posed. During this phase of the interview, it is important that interviewers are consistent with their use of open-ended prompts (e.g., "Tell me more . . .") and consistent in the use of language that accesses the older adult's episodic memory (e.g., "You said you ate breakfast this morning. What happened next?").

Topic Selection

Interviewers may choose from a variety of different topics when establishing a baseline with an older adult victim or witness. One method of choosing a topic for baseline development is by continuing the conversation about topics of interest as established when first establishing rapport with the older adult. In order to effectively establish a baseline with an older adult, it is important for the interviewer to choose a topic that is likely to be rich in details and sensory information and is a manageable event to recount (e.g., playing a game vs. reading books, the last time they did an activity vs. all types of activities over the last six months). Another method of choosing a topic to establish a baseline is to ask the individual about a neutral event that occurred during their day from beginning to end. This may mean discussing the morning, afternoon, or evening, depending on the time of day that the interview takes place. When choosing to ask about a particular time of day, keep the case specifics in mind because it is *not* the intention of baseline development to lead to discussing the allegations. It may also be effective to utilize information that was gathered during the pre-interview considerations about interests or hobbies of the older adult interviewee.

Introducing a topic of interest in a neutral way can help guide and direct the interviewee into talking about something they enjoy. Example:

Interviewer: *I understand you enjoy baking. Tell me about a time that you baked one of your favorite dishes.*

Organization of Accounting

When interviewing an older adult who is an alleged victim or witness, it is important to keep in mind that the older adult controls the information (i.e., the older adult is the expert in their experiences), while the interviewer guides the flow of information during an interview. Establishing a baseline through this process serves several purposes, the first of which is to make the older adult feel successful when sharing their experiences. Organization of their accounting also demonstrates to the older adult that the interviewer really wants to know everything and familiarizes them with the types of questions that will be asked. The interviewer accomplishes gathering a narrative and establishing a baseline by asking questions that help the older adult provide information from free recall (as much as possible) and by remaining organized through the information-gathering process.

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.

Identify

While establishing a baseline with an older adult, it is important to first work to isolate a single event that will be the topic of discussion. This is accomplished by first prompting the older adult to provide information about a single event from beginning to end without interrupting them or asking for additional details. For many older adults, it will be beneficial to provide bookends to this prompt to provide clear direction regarding the information the interviewer is seeking.

Bookending prompt example:

Interviewer: *Think about your morning this morning. When you're ready, tell me everything that happened from the time you woke up until the time you left your home.*

For events that the older adult has experienced multiple times, interviewers should prompt older adults to recount an event that the older adult remembers the most/best. As discussed in "Topic Selection" above, an interviewer may take a number of routes, depending on the older adult being interviewed.

Continue

When discussing an event, some people have a tendency to stop in the middle of their accounting. If the older adult stops partway through their account of an event before reaching the stopping point identified by the interviewer, it is important that the interviewer ask the older adult to continue until the end of the event (i.e., until the final bookend is reached). Interviewers can do this by resounding (i.e., repeating back the last piece of information gathered from the older adult using their words), then asking, "What happened next?" Resounding acts as an effective springboard to keep an older adult narrating an event. Repeating what was last said and then asking, "What happened next?" or "Then what happened?" reorients the older adult to the place in the event where they left off and helps them start narrating again from that spot. Interviewers may need to do this more than once, depending on the individual being interviewed. This may also be a point when the older adult recalls information out of order.

Again, the interviewer should allow the older adult to recall experiences as they are remembered and to continue the flow of information without interrupting the older adult. This may result in more resounding of information, which also allows opportunity for correction and clarification throughout the narrative event being shared. While a baseline is being established, interviewers should continually pay close attention to the types of questions that the older adult is answering and offer as many narrative prompts as possible and as appropriate through this process. Some older adults may benefit from remembering events in reverse order. Interviewers should ask

questions like “what happened right before” if this is a more natural way for the older adult to recall events.

Sample Language:

Interviewer: *When I ask questions about something that happened, I want you to tell me everything about it from beginning to end, even things that may not seem important. Think about your morning this morning, and when you're ready, tell me everything that happened, starting with when you woke up and ending when you left your home.*

Interviewee: *I was woken up by staff to take my medicine and eat my breakfast. After that I just started getting ready for my day.*

Interviewer: *You said you started getting ready for the day. What happened next?*

Interviewee: *I went to the bathroom to comb my hair and brush my teeth, and then I left the bathroom.*

Interviewer: *You said you left the bathroom. And then what happened?*

Interviewee: *I went back into my room to get dressed, grabbed my wallet, and went to go meet my ride outside so I could come here.*

Elicit

After the older adult has provided an initial accounting of what happened, circle back to the beginning and elicit additional details about the discussed event. When eliciting details, interviewers should ask questions similar to the types of details that will be asked later in the interview when gathering information about the allegations. Interviewers may elicit information not initially disclosed about the location of the event, other parties present, sensory details, conversations, thoughts, feelings, etc. It may be helpful for interviewers to think of eliciting details about a neutral event in a similar manner as they would if a crime had occurred there. Interviewers should use

open-ended questions and move to more direct questions, if needed. If interviewers ask a direct question, they should always follow up with an open-ended question so the older adult can elaborate. Many details can be elicited through the use of open-ended follow-up questions that repeat the older adult's words (e.g., "You said_____. Tell me about _____.") Typically, shorter periods of time (short events throughout the day) will help the older adult provide more information; longer periods of time (an entire day) will result in fewer details as the older adult sorts through greater information to access what they feel is important or what they think may be important to the interviewer.

Sample Language

Interviewer: *The first thing that you told me is that you woke up. Tell me more about waking up this morning.*

Interviewee: *I woke up because my dog was barking at my bedroom door. He really needed to go outside. So, I walked to our backdoor and let him out in the yard. I waited there until he was finished and shut the door when he came back inside. Then I went to the bathroom and started getting ready for the day.*

In order to establish an effective baseline for the older adult being interviewed, which can vary from day to day and time of day, interviewers should use all of the different question types while continuing to employ good recycling habits and taking note of the responses. Interviewers should not spend too much or too little time establishing a baseline with older adults. Interviewers may need to make adjustments or accommodations to the questions they ask to determine the questions the older adult is able to answer, and the amount of information provided. For example, if the older adult does not answer when asked about their entire morning, the interviewer may need to ask about a shorter segment of time or repeat the last thing the older adult said and follow up with asking about the very next thing that happened. Interviewers should use this portion of the interview to ask different types of questions within the funnel (narrative prompt, open focus, multiple choice, and yes/no) to establish a baseline for the types of questions the

older adult answers and the amount of information they are likely to provide throughout the interview.

Establishing a Baseline Summary

- Spend an appropriate amount of time, depending on the individual and any information that was gathered during the pre-interview considerations.
- Ask assorted question types and pay attention for most productive responses.
- Choose a topic of discussion:
 - Something they did, like to do, experienced (e.g., an activity on vacation)
 - Their day (e.g., their morning)
 - Topics should follow these guidelines:
 - Neutral
 - Likely to be rich in details
 - Active
 - A manageable event to recount
 - ICE
 - Identify an event
 - Continue through the narrative
 - Elicit details
 - Ask questions and solicit details to the same depth you would if a crime had occurred during the neutral event being discussed.
- Be consistent in your use of episodic language (e.g., “What happened after you got home?”).
- Use prompting cues that repeat the end of the previous statement.
- Depending on the needs of the older adult, it may be appropriate to take a break or consider a multisession interview after any of the semi-structured steps.

Note: Some older adults with NCDs may benefit from discussing more than one event. This could include a more recent event as well as a more distant memory. Asking about events from two different time periods in the older adult’s life can also assist the interviewer in establishing a thorough baseline.

Small Group Activity: Establishing a Baseline (30 minutes)

This activity requires two instructors.

The purpose of this activity is for participants to apply and practice what they have learned during the Establishing a Baseline phase of the interview.

In-Person Training Instructions

1. Each participant in this activity picks a partner.
Note: If there is an uneven number of participants, have one group of three.
2. To start, have the groups decide who will be the first interviewer and first interviewee.
3. The first interviewer will have 10 minutes to establish a baseline with the interviewee by discussing a neutral/positive event.
4. When being asked questions, the interviewee should share things about themselves (e.g., hobbies, hometown, food, sports, music, etc.).
5. Then, the participants switch roles, and the interviewee now becomes the interviewer and will have 10 minutes to establish a baseline with the interviewee by discussing a neutral/positive event.
6. After the groups are finished, debrief as a large group.

Virtual Training Instructions

1. Each participant will be assigned a partner and sent to a breakout room.
Note: If there is an uneven number of participants, have one group of three.

2. To start, have the groups decide who will be the first interviewer and interviewee.
3. The first interviewer will have 10 minutes to establish a baseline with the interviewee by discussing a neutral/positive event.
4. When being asked questions, the interviewee should share things about themselves (e.g., hobbies, hometown, food, sports music, etc.)
5. Then the participants will switch roles. The interviewee now becomes the interviewer and will have 10 minutes to establish a baseline with the interviewee by discussing a neutral/positive event.
6. After the groups are finished, participants will return to the main room and will debrief as a large group.

Instructor Guide

Discussion Questions:

- What did you notice as the interviewer?
- What did you learn about the interviewee when establishing a baseline?
- What did you notice as the interviewee?
- When discussing the event, did the interviewer appropriately apply Identify, Continue, Elicit?
- Did you feel like the interviewer communicated that they cared about you and valued the things you had to say?
- What adaptations may you apply to your assigned case scenario?

Check In

Before moving on with the next phases of the interview, it is important to check in with the older adult. The interviewer may check in about how the older adult is feeling so far and whether they have any questions about the interview process. They may respond with questions or potential blocks and barriers; interviewers should work to assess the reasoning behind the question and/or any blocks and barriers and provide legally defensible responses and/or reassurance to the older adult as needed.

Sample Language

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.*

Overcoming Barriers and Blocks

At any point during the interview, the older adult may express they are or appear nervous, scared, apprehensive, or withdrawn. In some cases, these barriers in the interview may present due to a variety of tactics employed by alleged offenders when perpetrating abuse against older adults (for more information see "[Reporting Impact](#)," p. 82). The interviewer can work on removing or reducing any potential blocks or barriers by identifying what the older adult might be concerned about, then reassuring them in a way that is legally defensible, jurisdictionally appropriate, and appropriate for their role. Depending on the concern, interviewers may provide reassurance (without making promises) that the older adult is in a safe place, that they are not in trouble with the interviewer, and they can say anything to the interviewer. It is important that the interviewer not assume what the barrier is. Sometimes older adults may feel or appear frustrated at their inability to remember words or events. In that case, the interviewer should reassure the older adult that it is okay to not remember every detail, and the interviewer can also consider slowing down the pace of the interview, taking a break, continuing the interview on a different day (multisession interviewing), or revisiting topics

from earlier in the interview to return to a conversation where the older adult feels empowered and successful prior to asking additional questions.

It is possible that the older adult will express barriers in a non-vocal manner.

Interviewers may notice that interviewees:

- Stop answering questions
- Have a change in body language
- Have a change in voice, volume, or tone

Interviewers should first acknowledge the change by noting the behavior rather than assigning feelings to the change in behavior. Once the interviewer has gained a better understanding of the change, interviewers should provide reassurance to the older adult in a way that is legally defensible, jurisdictionally appropriate, and appropriate for their role.

Sample Language

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.*

In some cases, barriers/blocks cannot be broken down within an interview. If an older adult is too emotionally compromised and tactics for overcoming blocks and barriers are not helping reorient them, consider taking a break (bathroom, water, etc.). If after a break the older adult is still unable to proceed, present the older adult with options for proceeding and let them choose an option, or ask the older adult how they would like to proceed. This may mean ending that session and returning later in the day or on a different

day, depending on the needs and strengths of the individual.

Similarly, if the older adult at any time indicates they want to leave or end the interview session, it is important to honor their request in a safe manner. Before the older adult leaves the interview, interviewers should check in with the older adult regarding their desire to leave because it may be possible that there are additional feelings, blocks, or barriers to discuss. To accomplish this, interviewers may need to ask about how the older adult is feeling in addition to asking about any current concerns. Once the interviewer has gained a better understanding of the desire to end the interview, they should provide reassurance to the older adult in a way that is legally defensible, jurisdictionally appropriate, and appropriate for their role. Following the interview, it may be appropriate to set up additional interview sessions as needed. As the process of checking in is distinct from conducting therapy, it may also be appropriate to refer to MDT members for follow-up services (e.g., counseling/therapeutic services).

Sample Language

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?*

Supportive Statements

During an interview, an interviewer must be empathetic and should be able to appropriately express concern for the older adult as needed. Interviewers must adeptly address an older adult's feelings and reorient them to the conversation as needed. If an older adult becomes emotional, the interviewer should not ignore the change in affect. The interviewer should provide legally defensible and jurisdictionally appropriate reassurance to the older adult to provide them an opportunity to reconcile their emotions and continue with the interview. These emotions can come as sadness, anger, fearfulness, tearfulness, or any other expression.

It may not be a comfortable situation for interviewers when an older adult begins to express grief, distress, or other emotions by crying, sobbing, or becoming withdrawn. While these emotions can be expected, especially if the

older adult becomes overwhelmed by the number of questions or the topic is difficult to recount, the interviewer is in a tenuous position where a balance between remaining neutral and being supportive must be found. The interviewer should not express anger at the alleged offender, call the alleged offender names, or promise they will see the alleged offender suffer the consequences of their actions (e.g., be placed in jail). However, being supportive can expose the interviewer to claims of bias by the alleged offender and undermine a subsequent investigation. Additionally, the older adult may have complex and conflicting emotions toward the alleged offender (love/hate, protect/expose). The older adult may become uncomfortable or unwilling to provide additional information if the interviewer projects a negative attitude toward the alleged offender. Instead, the interviewer could employ statements that are not leading, suggestive, or inherently biased against the alleged offender.

Sample Language

- *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 -----.*

Acknowledging the emotional toll of the event as well as the struggle and effort involved in the retelling of the experience is empathetic and enhances the rapport that has been attained. Normalization of an older adult's emotions and recognition of their efforts conveys they are being seen as a person by the interviewer, not as just a possible supplier of evidence. This type of validation often provides the needed support for the person to continue with the interview.

Small Group Activity: Overcoming Blocks and Barriers (20 minutes)

This activity requires two instructors.

The purpose of this activity is for participants to meet with other participants who have the same case scenario to discuss possible barriers and blocks and how they may attempt to overcome them if they present during the interview.

In-Person Training Instructions

1. Separate participants into scenario groups (participants assigned to scenario 1 are a group, scenario 2, and so on.)
2. Encourage participants to identify and discuss at least three barriers in their assigned case scenario. Participants should brainstorm potential ways to overcome these barriers if they present during an interview.
3. Inform participants to choose a designated group member to share with the large group after small group discussions have ended.
4. Allow 10 minutes for the groups to discuss transition options and multiple hypotheses.
5. After 10 minutes, debrief as a large group.

Virtual Training Instructions

1. Separate participants into scenario groups in breakout rooms via zoom (participants assigned to scenario 1 are a group, scenario 2, and so on.)
2. Encourage participants to identify and discuss at least three barriers in their assigned case scenario. Participants should brainstorm potential ways to overcome these barriers if they present during an interview.

3. Inform participants to choose a designated group member to share with the large group after small group discussions have ended.
4. Allow 10 minutes for the groups to discuss transition options and multiple hypotheses.
5. After 10 minutes, close the breakout rooms and debrief as a large group.

Instructor Guide

Instructors should discuss the identified barriers and blocks with the designated group member from each case scenario.

Discussion Questions:

- What barriers did you come up with?
- What might you do to overcome those barriers?

Transition to Allegation(s)

Transitioning the conversation to the reason for the interview, typically allegations of abuse or neglect, can happen in a variety of ways. It is essential for the interviewer to start with the most open-ended option, taking into consideration the strengths, established baseline, and communication style of the older adult. The jurisdiction and input of the investigative team should also be carefully considered. The transition should start with acknowledging what has happened during the rapport phase.

Sample Language

- *Thank you for telling me about . . .*
- *Now that I have learned about you . . .*
- *Now that I have learned about some things you like to do. . .*
- *Now that I have learned more about your family. . .*
- *Now that you have told me about your job. . .*

Then, offer a statement that will prompt the older adult to the topic of exploring the allegations. There are two different proposed options for transitioning the interview to the matter at hand. It is important to note that interviewers are not likely to use both transition options in a single interview session. Interviewers should select a transition option based on the case information and needs of the older adult. In general, interviewers should start with the most open-ended option.

Transition Options:

- Open invitation
- Externally verifiable information/context

Open Invitation

If baseline development has been completed and the older adult knows the reason for the interview/appointment, the open invitation typically offers an opportunity for the older adult to continue to take the lead and to report everything they know.

Open Invitation Examples:

- *Tell me the reason you're here today.*
- *Tell me about being here today.*
- *Tell me about the reason we are talking today.*

If following an open invitation, the older adult does not start discussing the allegations, the interviewer may choose to utilize externally verifiable information/context to successfully transition the interview to discussing the allegations. Sometimes older adults may not know the exact reason for the interview or may not realize that the interviewer is asking about something specific. It may also be appropriate to ask the older adult if there is anything that they are worried or concerned about or anything they want the interviewer to know, given the role of the interviewer or their desire to assist the older adult in feeling and being safe.

Externally Verifiable Information or Context

If the interviewer attempts to transition to the allegation through an open invitation and the conversation does not lead to discussing the allegations, it may be necessary for the interviewer to be more focused or direct and ask about information that is known, such as a doctor or hospital visit, an injury (visible or not), a police report, a disclosure, or a conversation that the older adult had with another professional (preferably a documented conversation). Any introduction of information or context should be carefully considered by the investigative team and presented cautiously. In order to remain trauma-informed, it is important that the interviewer avoid presenting information in a way that would be interrogative in nature. The interviewer should not make the older adult feel as though the interviewer has more information or that makes the older adult seem like they have been lying. An interviewer should instead use this transition in a manner that is respectful and transparent. Be sure that anything the interviewer says can be verified by an external source

or evidence. To prevent being leading or suggestive during this transition option, **never link any person to any specific act or allegation.**

Interviewers should consider using a statement like “I understand . . .” to inform the older adult of some known information and then request them to provide additional details about the presented topic.

Externally verifiable transition examples:

- *I understand you went to the hospital yesterday. Tell me about going to the hospital.*
- *I see you have a cast on your arm. Tell me about the cast.*
- *I understand you told your daughter that you don't feel safe at the place where you live. Tell me more about not feeling safe.*
- *Tell me everything you saw yesterday when Samuel was in the hallway with Sally.*
- *I understand the police came last night. Tell me more about the police coming.*

Small Group Activity: Transition to Allegation(s)

This activity requires two instructors.

The purpose of this activity is for participants to meet with other participants who have the same case scenario to discuss possible transitions to discussing the allegation(s).

In-Person Training Instructions

1. Separate participants into scenario groups (participants assigned to scenario 1 are a group, scenario 2, and so on).
2. Encourage participants to discuss any transition options.
3. Inform participants to choose a designated group member to share with the large group after small group discussions have ended.
4. Allow 10 minutes for the groups to discuss transition options.
5. After 10 minutes, debrief as a large group.

Virtual Training Instructions

1. Separate participants into scenario groups in breakout rooms via zoom (participants assigned to scenario 1 are a group, scenario 2, and so on.)
2. Encourage participants to discuss any transition options.
3. Inform participants to choose a designated group member to share with the large group after small group discussions have ended.
4. Allow 10 minutes for the groups to discuss transition options.
5. After 10 minutes, close the breakout rooms and debrief as a large group.

Instructor Guide

Discussion Questions:

- Did all group members choose the same transition option at first?
 - a. Not every interviewer will choose the same transition option, and that is okay.
 - b. Have multiple ideas on how to transition to the allegations, just in case your first plan doesn't work.
 - c. Be sure to avoid leading and suggestive questions throughout.

Exploring Allegations

Once the allegation(s) or concerns have been identified through one of the transition options, interviewers should continue to gather reliable information about the allegations through the same format used during baseline development. It is important that interviewers continue to ask open-ended questions to avoid assumptions about what did or did not happen, and they should have multiple hypotheses and explanations in mind prior to the interview to remain as objective and neutral as possible.

In the same way that was used while establishing a baseline, the interviewer must remember that the older adult controls the information as the expert of their experiences, while the interviewer guides the flow of information. An interviewer's purpose is to make the individual being interviewed as successful as possible by asking questions that help the older adult provide information through free recall and by asking questions that help the older adult's thoughts remain as organized as possible.

When exploring allegations, it is important to keep in mind the following when building a narrative:

- General overview
- ICE
 - Identify an event
 - Continue through accounting
 - Elicit additional information

General Overview

There are a number of routes an interviewer may take, depending on the case referral and the individual being interviewed. In order to become oriented to discussing the allegations, it may be beneficial to provide an opportunity for the older adult to give a general overview of the situation before discussing the event from beginning to end. This general overview allows the interviewer to get a sense of the abuse or maltreatment overall, and it helps the interviewer and older adult work together to identify the first topic to discuss.

Abuse/Neglect Sample Language

Interviewer: *You told me you aren't feeling safe at the place where you live. Tell me more about that.*

Interviewee: *Everything started off okay when I first moved in; everyone was really nice. As I got to know people more, and as staff changed, things have not been so good. I am afraid to ask staff for anything because they make me feel like a burden, and it takes them forever to even show up. It's only been bumps and bruises so far—they don't seem to care about me, but I'm afraid all the time that things will get worse.*

Financial Crime Sample Language

Interviewer: *You told me you have concerns about someone taking money from your bank account, tell me more about that...*

Interviewee: *My bank called to say that I was overdrawn on my checking account. I have plenty of money, there is no reason why my it should be overdrawn. I keep plenty of money in there. Either the bank put my deposits in someone else's account by mistake or the bank is stealing my money."*

Identify

Once a topic or allegation has been identified by the older adult, the interviewer should encourage the older adult to identify a specific event. When discussing an incident, interviewers should start by prompting the older adult to provide information about a single event from beginning to end before soliciting any other information (Geiselman & Fisher, 2014; Roberts & Higham, 2002). As discussed, when developing a baseline, it will be beneficial to provide bookends to this prompt, which provides clear information about the information the interviewer is seeking (e.g., “from the time you got in the car to the time you got out of the car”). Providing this open-ended prompt allows the older adult to report their experiences as they remember them. As discussed previously, interviewers should be aware that the older adult may report their experiences out of order or prompt themselves to recall details from what was previously shared as they narrate through an event. The interviewer should not make determinations or judgments about the information provided based on the order of events that the older adult provides during this process.

Abuse/Neglect Sample Language

Interviewer: *You told me that staff was rough with you and caused the bumps and bruises. When you're ready, tell me everything that happened from the beginning to the end.*

Financial Crime Sample Language

Interviewer: *“You told me that the bank told you that your account was overdrawn. When you are ready, please tell me everything about the call from the bank from beginning to end.”*

As the older adult accesses their memory of an event, it is possible that they will recall further details. The interviewer may choose to remind the older adult of the “say it when you remember it” guideline when isolating an event

and encourage them to report everything that they remember, even if the memory is out of chronological order, seems trivial, or contradicts an earlier statement in order to maximize the information that is gathered.

Continue

While describing events, older adults may stop sharing details in the middle of telling what happened, especially when discussing abusive events. If the older adult stops part of the way through their account of an event, it is important that the interviewer ask them to continue through until the end of the event (i.e., until the final bookend is reached). Interviewers can do this by resounding the last piece of information that the older adult said, using their words, then asking, "what happened next?" Interviewers may need to do this more than once, depending on the individual being interviewed.

Elicit

After the older adult has provided a complete initial accounting of what happened, think back to the beginning of the allegation they are discussing and elicit additional details as needed about the allegation. Interviewers may elicit information not initially disclosed about the location of the event, other parties present, sensory details, conversations, thoughts, feelings, etc. Interviewers should use the most open-ended question types and move to more direct questions if needed. If interviewers ask a direct question, they should always follow up with an open-ended question to have the older adult elaborate as much as they can. Many details can be elicited through the use of open-ended follow-up prompts that repeat the older adult's exact words (e.g., "You said_____. Tell me about _____.")

Sensory Questions

In addition to asking for more information about what happened, older adults who experience a stressful or traumatic event encode the memory in conjunction with a certain stimulus (e.g., the smell of perfume, the music that was playing). Because of this pairing, interviewers should incorporate questions about sensory details, which may help the older adult reinstate the context of the event memory and improve event memory.

Sample Questions

- *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 _____.*

Questions About Thoughts and Feelings

Because they do not often come up naturally when sharing about an event, older adults should be encouraged by the interviewer to communicate the emotional states they experienced and thoughts they had during the incident being described. Correlating thoughts and emotions the older adult felt assists them in recalling details and sharing additional information in the context of the original event. When an interviewer asks questions about feelings, it demonstrates to the older adult that feelings are an important aspect of the information provided, and it conveys dignity and respect for them as a person. This type of validation can empower the older adult to continue sharing about the allegations.

Sample Questions

- *How were you feeling when _____?*
- *What were you thinking about when _____?*

Witnesses and Corroboration

Asking individuals to recall conversations, both what the individual said and what they heard, may elicit accurate and unique information not otherwise obtained through interviews. The interviewer should ask the older adult if they have talked with anyone else about the allegations and explore everything said in that conversation. This can be accomplished by asking who knows, how that person found out, and what their response was. Finding out who else knows about an allegation or someone else that the older adult may have talked to can lead an investigation to a possible eyewitness, outcry witness, corroborating witness, or other victims. This type of information is also helpful because it may identify supportive or safe people as the investigation progresses. Asking about who has been told and the context of those conversations also explores any concerns of outside influence (promises, threats, coercion) on the older adult's statement or disclosure. Asking about who the first person was that they told and the reasons they felt safe or comfortable telling that person will also help build out a timeline of the event and potentially identify additional witnesses.

Sample Questions

- *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 _____?*

Interview Adaptations

As discussed previously in "General Considerations for Communicating with Older Adults," older adults might not be able or ready to explain everything that happened, so breaking it down may be necessary. When a narrative prompt is posed, it requires a higher level of thinking that requires the interviewee to sort through multiple pieces of information and retrieve only perceived observer-deemed relevant information. In this situation, interviewers can adapt to the interviewee's needs by using prompting cues that break down the content of the original inquiry.

Consider the following prompts:

Interviewer: *Think about what happened when staff was rough with you. When you're ready, tell me everything that happened from the beginning to the end.*

vs.

Interviewer: *Tell me about the first thing that happened when staff got rough with you.*

If appropriate, the interviewer may break time segments into smaller chunks. For example:

Interviewer: *Think about what happened when staff got rough with you. When you're ready, tell me everything that happened from the time staff came into your room to when they started getting rough with you.*

For some individuals, it may be necessary to break down questions further. Interviewers should remember the takeaways from the recycling funnel model. For example:

Interviewer: *What was the first thing staff did when they got rough with you?*

Interviewer: *When staff first got rough with you, were you sitting, standing, or something else?*

Interviewers should adapt to the needs of the interviewee and ask the types of questions that are most appropriate for the interviewee based on their baseline in answering questions up to this point in the interview.

Considerations for Multiple Events/Incidents

As with single events/incidents, interviewers should work to isolate an event. However, it is important with multiple events/incidents that interviewers work to isolate a single event/incident that is salient or most memorable to the

older adult. While providing a general overview of events, if a single event/incident comes up, interviewers should start by prompting the older adult to discuss this event from beginning to end, using words presented by the older adult during their description of the allegations. If the older adult does not isolate an event naturally, the interviewer may prompt the older adult to think about a time that they remember most or best.

Sample Language

Interviewee: *Everything started off okay when I first moved in; everyone was really nice. As I got to know people more, and as staff changed, things haven't been so good. I'm afraid to ask staff for anything because they make me feel like a burden, and it takes them forever to even show up. It's only been bumps and bruises so far—they don't seem to care about me, but I'm afraid all the time that things will get worse.*

Interviewer: *You told me that you have gotten bumps and bruises so far. Think about the time you remember the most when you got bumps and bruises. When you're ready, tell me everything that happened from the beginning to the end.*

As described in "Single Event/Incident," the interviewer will then need to continue through the narrative provided by the older adult and then elicit details accordingly. As the older adult continues to provide details about the isolated event, it may be possible that they have memories about other events as well.

Interviewers should be careful not to jump from incident to incident because this may introduce confusion on both the part of the interviewer and the older adult. If topics shift quickly, interviewers should pay special attention to what was disclosed, resound and go back to the event or detail that was being discussed. This is essential to help keep the flow of information as organized as possible. This should be done without correcting or interrupting the older adult. The interviewer may need to reassure the older adult that they are asking questions in a certain way to make sure that the interviewer understands what happened in an attempt to gather as much information as

possible. The interviewer will also need to reassure the older adult that they will ask more about the other events once they are done asking about this one.

Finally, for some individuals, it may not be possible to isolate a single event/incident due to the nature of their experience. In this case, interviewers may need to have conversations about what would usually occur and gather as much detail as possible about the events experienced.

Sample Language

Interviewee: *Everything started off okay when I first moved in; everyone was really nice. As I got to know people more, and as staff changed, things haven't been so good. I'm afraid to ask staff for anything because they make me feel like a burden, and it takes them forever to even show up. It's only been bumps and bruises so far—they don't seem to care about me, but I'm afraid all the time that things will get worse.*

Interviewer: *You told me that you have gotten bumps and bruises so far. Think about the time you remember the most when you got bumps and bruises. When you're ready, tell me everything that happened from the beginning to the end.*

Interviewee: *I don't remember a specific time.*

Interviewer: *Thanks for letting me know that you don't remember a specific time you've gotten bumps and bruises. Let's talk about what would usually happen. Think about what usually happens when you get bumps and bruises, and when you're ready, tell me what would usually happen from beginning to end.*

Considerations for Polyvictimization and Multiple Victimitizations

As mentioned in the section on "Forms of Elder Abuse," interviewers should be cognizant that adults who present for forensic interviews may be a victim of multiple incidents. When interviewing older adults, screening for multiple victimization and polyvictimization should be considered during pre-interview planning. However, it should be noted that during an interview it may become clear that further screening may be necessary. When screening, interviewers may ask questions such as these:

- *Has something like what happened with _____ happened on a different day?*
 - *(If yes) Tell me all about that.*
- *Has something like what happened with _____ happened in a different place?*
 - *(If yes) Tell me all about that.*
- *Has something like what happened with _____ happened in a different way?*
 - *(If yes) Tell me all about that.*
- *Has something like what happened with _____ happened with a different person?*
 - *(If yes) Tell me all about that.*
- *Has _____ done something else that made you feel [repeat their exact words]?*
 - *(If yes) Tell me about that.*
- *Are there other reasons that you are concerned about _____?*
- *Are there other ways that you feel unsafe?*

Because they have many decades of life experience, it is possible that an older adult may report past or current victimizations other than the allegations that have been reported. If this occurs, the interviewer must keep in mind that polyvictimization is highly predictive of trauma symptoms, so a trauma-informed interview strategy must be employed (Jennings et al., 2012; Farrell & Zimmerman, 2017). Therefore, if the older adult reports they have been victimized more than once or outside of the original allegations, the interviewer should explore whether the victimization has been previously reported and any desire the older adult has to discuss additional allegations before prompting for additional information. If the older adult introduces an additional or previous victimization, the interviewer may ask questions like these:

- *Have you ever talked to someone else about this?*
- *Who did you talk to?*
- *What was the outcome?*

If the older adult discloses, they have previously reported, the interviewer can ask about any additional information the older adult wishes to share that was not previously reported. However, gathering repeated information from a previously reported incident can create opportunities for both retraumatization of the victim and inconsistent reports. If the older adult shares that the additional concern was not previously reported, the interviewer should assess whether the older adult wishes to discuss the details of the additional incident(s) during this interview by asking something like this:

- *Is that something you would like to talk about with me today?*

If the older adult does wish to discuss additional incidents further, the interviewer should gather details regarding any previous or different occurrences, using the older adult's exact words to best prompt them to each incident, just as they did with the original allegations earlier in the interview.

The disclosure of additional victimization events may also necessitate the need for a multisession interview. If an older adult does report additional victimization events, the interviewer should utilize forensic interviewing best practices for each event if the older adult is receptive to discussing the

incidents. If the older adult would not like to discuss it further, the interviewer should suggest other options, such as a follow-up interview at a later date, options for reporting or not reporting, speaking with an advocate or mental health provider, etc.

Conflicting Statements

If an older adult makes statements that appear to conflict or not make sense, clarify them in an open-ended way.

Sample Questions:

- *I want to make sure I understand.*
- *You said . . .*
- *Tell me more about that.*
- *Did I get that right?*

Remind the older adult that it is okay to correct the interviewer if needed, it is okay to not know or not remember, and the importance of the interviewer completely understanding what has been said because the interviewer was not there.

Group Interview Activity: Exploring Allegations (30 minutes)

This activity requires two instructors.

The purpose of this activity is for participants to apply what they have learned in the exploring allegations phase of the interview.

Case Referral

- Harold is an 80-year-old man who has Parkinson's disease and uses either a walker or wheelchair to ambulate. Harold has a sit to stand lift to further assist him with his ADLs.
- When his son, David, stopped by to see him today, David noticed that the left side of Harold's face was bruised and that he had a small laceration on his temple close to his left eye.

- Harold told David that he struck the side of his face on the sit to stand because Josh, his in-home aid, did not place him in his wheelchair when Josh was moving him from the shower to his bedroom.

Disclosure Statement

- “David smashed my face into the device they use to help me stand up.”

Instructions

1. One instructor will act as the interviewee answering participants’ questions.
2. The other instructor will act as the interview moderator directing the activity by deciding which questions the interviewee should answer while reinforcing the concepts the participants have learned about exploring allegations.
3. Participants will interview as a team to practice exploring allegations.
4. Present the above “Case Referral” to the class (in PowerPoint) and direct participants to “Group Interview Activity” in their participant manual.
5. When directed by the interview moderator, the instructor interviewee will make the above “Disclosure Statement.”
6. Instructor moderator information:
 - Throughout the activity encourage participants to suggest questions.
 - Encourage participants to first isolate a single event, continue through the narrative, then elicit details through follow up questions.
 - Coach the participants to ask questions that:
 - Make sense
 - Are clear and concrete
 - Are as open-ended as possible
 - Utilize episodic language
 - Utilize the interviewee’s words
 - Have the participant who posed the decided upon question ask the same question of the interviewee.

- Correct any issues with question style, as needed.

7. Interview interviewee information:

- This happened one time.
- When participants pose questions, wait to answer until participants and moderator agree on a question to pose to the instructor interviewee.
- When responding to questions, utilize the below incident information (this information is not provided to the participants and is only known by the instructor interviewee).
- When responding to questions, be cooperative, but not overly eager.
- When responding to questions, only respond to the question that is asked.

Incident Information

- This past Sunday, David made Harold dinner, helped him to the toilet and then the shower. After showering, Harold took a seat in his recliner, and started watching his new favorite show. Harold's stomach started feeling strange and he suddenly had a very strong urge to defecate. Harold called to David telling David that he needed to get to the bathroom quickly. Just as David got Harold up from the recliner, Harold's bowels let loose. David said, "Are you fucking kidding me!" David had Harold stand still as he got supplies to clean Harold up. David removed Harold's soiled clothing and wiped Harold down. David then helped Harold to the bathroom and sat Harold on the toilet because Harold felt like he still might have to defecate some more.
- As Harold sat on the toilet, David cleaned up in the living room and just threw Harold's soiled clothes out. When David came into the bathroom to check on Harold, Harold told David that he wanted to take another shower. Harold felt gross and dirty and wanted to be clean before going to bed. David seemed annoyed by this request and said that he was supposed to leave in five minutes. Harold insisted that he be showered. David seemed annoyed and said, "So, this is a major pain in my ass, let's make this quick." David got Harold off the toilet by pulling him up by his

arms. David had Harold use his walker to get to his shower chair. David rushed Harold and told Harold to just wash the lower half of his body. Harold snapped at David for being in such a rush and pointed out that he did not defecate in his pants on purpose. Harold told David that he didn't have the energy to use his walker to get to his bedroom and wanted his wheelchair. David said that he wanted to speed things up and would just use the sit to stand to get him to his bed. David would just dress him on his bed and put him to bed all at once. David did not strap Harold legs to the device like he is supposed to, nor did he use the chest harness. He just had Harold hold onto the handles. There is a marble door saddle between the bathroom and Harold's bedroom that sticks up a bit from the floor. The sit to stand's wheels would not just roll over it. David was not able to lift the front of the device, so he just pushed and pulled the sit to stand back and forth trying to get the device over the saddle. The device kept abruptly stopping every time the wheels hit the saddle. Harold was not able to keep himself steady through all the multiple attempts and struck the side of his head off the left cradle bar three times. David finally got the sit to stand to go over the door saddle, but it was on this attempt that Harold lost his footing and stuck his head so hard that he started to bleed. David told Harold it was a small scratch and not to worry. Harold's knees also hurt because when he lost his footing, he fell down in the sit to stand which caused his knees impact on the footrests. David wrapped Harold from behind and stood him up in the sit to stand. David sat Harold on the side of his bed and got Harold into a clean set of pajamas. David got a bandage with an ice cube and held it against the cut on the side of Harold's head. After a little while, David told Harold the cut was fine and that it was time for Harold to go to sleep.

8. Once the activity is complete, discuss the experience:

- Was the interviewee willing to participate?
- What did we learn about the interviewee?
 - If we had additional time, what other details would we attempt to elicit?

Work With the Investigative Team

If the interview involves observers, an MDT, or other stakeholders and as long as the older adult is able, break for an opportunity for questions from the investigative team. Depending on your jurisdiction and the setup, this can happen in person, over the phone, or via earbuds. Be sure to communicate with the older adult about what is happening during this time. Reference the beginning of the interview when observers, recording, and the process were introduced to the older adult. It may also be necessary for the team to consider a multisession interview if observers and other team members are not available at the time of the interview.

Introduction of Evidence

If an interviewer is trained to do so and the MDT or investigative team finds it may be useful, the introduction of evidence can be considered at either the “Transition to Allegations” phase of the interview or for clarification after allegations have been discussed. Introduction of evidence should not be used by an interviewer to correct or impeach the adult. Although presenting evidence during a forensic interview can be an effective tool for prompting memories, eliciting disclosures, and encouraging disclosure from reluctant victims/witnesses, evidence presentation in the context of a forensic interview should only be done in a manner consistent with best practices and by someone trained in the proper techniques and nuances of this advanced interviewing technique.

Respectful Closure

The purpose of providing respectful closure is to provide a gentle transition from exploring allegations and end the interview session. To transition to closure, the interviewer should probe for any additional information the older adult would like to discuss. To probe for additional information, interviewers may ask questions such as these:

- *Is there something else you would like me to know?*
- *Is there something that we left out?*
- *I know I have asked you a lot of questions today. Is there anything else you wish I had asked about?*

During closure, it may also be appropriate to inquire about the impact of reporting the information disclosed:

- *How are things different now that you've talked about what happened with _____?*

As the interview or interview session comes to an end, it is also important the interviewer check in with the older adult before they leave the interview. Interviewers should consider checking in about any feelings, worries, or fears the older adult has after talking. For example:

- *How do you feel after talking today?*
- *Do you have any worries now that we are finished talking?*

When closing an interview, interviewers should inquire about any questions the older adult has now that you are finished speaking for the day. For example:

- *Do you have any questions about the things we talked about today?*

Before ending the interview, interviewers should communicate the known immediate next steps (e.g., return to the waiting room, advocate, forensic medical evaluation, crisis assessment). They should be sure to include any known additional interview sessions in this conversation. For example:

- *Today after we are finished talking, we are going to go back into the waiting room where a victim advocate is going to meet with you before you leave today.*

There may be a need for additional interview sessions. After closure, it is important the interviewer communicates any known interview sessions. Because follow-up interview sessions are not always known, interviewers may choose to introduce the potential for this as the interview session comes to a close. For example:

- *You told me there were some things about staff we did not talk about today. We are going to talk again tomorrow so I can understand everything that happened.*
- *Sometimes as the investigation continues, I may need to ask you some additional questions. Would it be okay with you if we needed to talk again on another day?*

In addition, it may be beneficial to leave interview sessions open-ended, especially when the interview is completed shortly after an incident. The interviewer can let the older adult know that if they remember something else that they want the interviewer to know, a follow-up interview can take place. For example:

- *After we leave here today, there may be something else you remember or would like to talk about. If that happens, please let us know, and we can schedule another time to talk.*

Lastly, the interviewer should thank the older adult for their time and return the conversation back to a neutral topic to gently transition them away from topics discussed during the interview. Interviewers may choose to bring up topics discussed while developing rapport or a future-oriented topic, such as plans for the rest of the day, the weekend etc. For example:

- *Thank you for coming to talk with me today. Before we go, what are your plans for the rest of the day?*

Once the interview is complete, the interviewer should guide the older adult to the immediate next step (e.g., return to the waiting room) and provide information for contacting the interviewer in the future if necessary or any other members of the MDT.

Closure Summary

- Probe for additional information not yet discussed.
- Inquire about current feelings and any concerns.
- Offer an opportunity for the older adult to ask questions.
- Communicate immediate next steps.
- Prepare for additional interview sessions as needed.
- Thank the older adult for their time.
- Return the conversation to a neutral topic.
- Guide the older adult to the next step.
- Provide written directions if necessary.

OPTIONAL Small Group Activity: Respectful Closure (15 minutes)

This activity requires two instructors.

The purpose of this activity is for participants to apply and practice what they have learned during the respectful closure phases of the interview.

In-Person Training Instructions

1. Each participant in this activity picks a partner.
Note: If there is an uneven number of participants, have one group of three.
2. To start, have the groups decide who will be the first interviewer and first interviewee.
3. The first interviewer will have 5 minutes to practice closure.
4. Then, the participants switch roles, and the interviewee now becomes the interviewer and will have 5 minutes to practice closure.
5. After the groups are finished, debrief as a large group.

Virtual Training Instructions

1. Each participant will be assigned a partner and sent to a breakout room.
Note: If there is an uneven number of participants, have one group of three.
2. To start, have the groups decide who will be the first interviewer and interviewee.
3. The first interviewer will have 5 minutes to practice closure.
4. Then the participants will switch roles. The interviewee now becomes the interviewer and will have 5 minutes to practice closure.
5. After the groups are finished, participants will return to the main room and will debrief as a large group.

Instructor Guide

Discussion Questions:

- What did you notice as the interviewer?
- What did you notice as the interviewee?
- Did you feel like the interviewer provided a respectful closure?
- Did you feel like the interviewer communicated that they cared about you and valued the things you had to say?
- What adaptations may you apply to your assigned case scenario?

Post-Interview Considerations

Post-Interview Team Conference

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.

These are some topics for consideration when discussing next steps with the older adult or any family/support person/caregiver:

- The results of the interview
- Safety planning
- The next steps in the investigation
- Any concerns about the individual being in crisis, which would indicate a post-interview crisis assessment
- Appropriate follow-up and referrals for counseling, medical care, questions about the legal process, etc.
- Connecting the older adult and any family/support person/caregiver to resources
- Ask the older adult what they hope will happen next

Asking about what the older adult hopes will happen next may provide clarity about their expectations of the investigative process, which may be realistic or unrealistic. This allows for consideration and empowerment of the older adult because it will gather information about their needs and wants. These questions can also gauge the older adult's willingness to participate in future aspects of the investigative/legal process (e.g., testifying in court).

For example, there may be circumstances when the older adult indicates they want help but do not wish for anything to happen to the alleged offender, especially if they are a family member. The interviewer should ask for more information about their response. Asking for more information can clarify the intentions of the older adult (e.g., sharing they want the abuse to stop but don't want their loved one to get in trouble).

Sample Language

Interviewer: *Now that you've told me about what happened with your son, what do you think should happen next?*

Interviewee: *I really don't want him to get in trouble.*

Interviewer: *Tell me more about not wanting him to get in trouble.*

Interviewee: *What he did was not okay, but he is still my son, and I love him. I don't want him to go to jail.*

Interviewer: *Thank you for telling me about what you think should happen. It is important for the team to know what you think. Someone going to jail or not isn't a decision that I make or that can be made today because a full and investigation still needs to take place. You will be kept informed by the investigative team throughout the remainder of the process.*

Interviewers must also ensure that the older adult understands that just because they wish for something to happen does not guarantee that it can or will happen. Interviewers should provide truthful and legally sound reassurance if the older adult has desires the interviewer does not have control over, which is often the case. Interviewers should avoid making promises or predictions about what will happen next. It is okay for the interviewer to let the older adult know that they do not know exactly what will happen next but that the older adult will be kept informed and be provided with a way to contact someone on the team for follow up.

Post-Interview Crisis Assessment

A post-interview crisis assessment may be indicated, especially in situations when an individual appears to be in crisis, as identified by the older adult; a team member; or a family member, support person, or caregiver. This crisis assessment should be conducted by a mental health professional with expertise in trauma and crisis intervention. It should focus on individual's immediate mental health status and needs, especially including an assessment for suicidal ideation.

Vicarious Trauma Considerations

The interviewer and the rest of the investigative team should be aware of the possibility of vicarious trauma and possible impact. This is not only important for the individual team members but also for the individuals they are interviewing and the caregivers they interact with. The team should have an open dialogue about possible vicarious trauma and any impact this may have on the interview and investigative processes.

Interviewers and team members should use available resources to discuss vicarious trauma and take any necessary steps to cope with and manage symptoms of vicarious trauma:

- Identify whether there are any issues related to the interview that are causing any secondary traumatic stress for the involved team members.
- Discuss these vicarious traumas with the team members present, and include others if needed.
- An affected team member should consider withdrawing from meeting with family or involved caregivers if their involvement may negatively impact the wellbeing of anyone involved.

APPENDICES

APPENDIX I

Instructor Case Scenarios

Each case scenario in this appendix includes the following information:

1. Pre-Assessment Case Scenario
2. Victim Information
3. Case Referral
4. Initial Investigative Discoveries
5. Parties Involved
6. Role Player Guidelines
7. Participant actor information and actor challenges.

Instructions

Break participants up into four interview teams consisting of six individuals. Groups should be placed in separate rooms for live trainings and in breakout rooms for virtual trainings. This activity requires four instructors, one for each group. Each participant on the team will be assigned to a different case scenario (Case Scenarios 1–6) based on the case they were assigned at the beginning of the course. All team members are provided the case scenarios. Additionally, when a team member plays the role of participant actor interviewee, provide them with their corresponding case in the participant actor case scenarios. The participant actor information should be provided to participants at the end of the third day. For virtual trainings, this can be done via e-mail and for live trainings a hard copy should be provided.

Each interview team will conduct six total interviews. The role of each team member will rotate after each interview so that all team members perform all roles.

Each interview team has the following roles:

1. Interviewer
2. Participant actor interviewee
3. Timekeeper
4. Funnel recorder
5. Peer reviewer
6. Peer reviewer

Each interviewer will follow the same process. The total time for each interview team is 1 hour. This will consist of team prep (10 minutes), interview (25 minutes), instructor and peer review (20 minutes), and transition to the next interview (5 minutes).

Team Prep (10 Minutes)

Encourage teams to discuss any possible rapport-building strategies, transitions, possible blocks/barriers, and methods for overcoming them. Emphasize that information gathered ahead of time can be helpful but is very case-specific. Direct the interviewer and interview team for each case scenario to the corresponding case information. The team member playing the role of the participant actor interviewee will review the case provided to them. The participant actor interviewee will not share that case information with any other interview team member.

Instructions to Participant Actor Interviewee

Inform the participant actor interviewee that they should utilize the "Participant Actor Information" as a general guide to participating in this activity. These are suggestions and may be introduced at any time, as this is not a scripted process. Participants may draw on their own personal experiences as well, keeping in mind that the goal of this activity is for the interviewer participant to practice and engage in advanced forensic interviewing skills, on which they are being assessed. Participant actors should allow opportunities for the interviewer participant to use the protocol and overcome challenges that are presented. If the interviewer is able to identify and attempt to overcome the challenges described, the participant actor should allow the protocol to flow for the purposes of timing and practice.

To start the team prep session, the interviewer will meet with the interview team for no longer than 10 minutes. The interviewer will engage the interview team (for the purposes of this part, the interview team serves as a multidisciplinary team [MDT]) in a conversation about the following:

- Multiple hypotheses about the case.
- What is known regarding the functioning and communication style of the individual being interviewed?
 - Is any additional information needed, and what sources would that information come from?
- What is known about the allegation?
 - Are there witnesses or other sources that can provide corroboration in this investigation?
- What barriers might occur, and what are some barrier removal techniques that could be used?
- What techniques and strategies will be used to build rapport, assess ability, and transition to the topic?

Interview (25 Minutes)

The interview takes place with peer reviewers watching and taking notes to provide feedback after the interview concludes. The interview lasts 25 minutes. The interviewer will move through the steps of the interview using the skills learned during the training and to the best of their ability, with an understanding that these interviews can take much longer than 25 minutes in the field. An instructor will be present in each small group. This instructor will manage any issues and ensure that everyone stays on time during the day.

The instructor will give a 5-minute audible warning (at the 20-minute mark of the interview) to the interviewer. The instructor will also stop the interview at 25 minutes. It is essential that all groups adhere to the agenda as actors move through different rooms throughout the day.

Instructor and Peer Review (20 Minutes)

After the interview ends, the interviewer will receive feedback. This process will be the same for every participant.

- The interviewer shares their thoughts about how the interview went.
- The instructor gives feedback to the interviewer.

- The peer reviewers give feedback to the interviewer.
- The funnel recorder provides the scoring sheet.
- The participant actor and timekeeper give feedback to the interviewer.

Transition to Next Interviewer (5 Minutes)

Instructor Case: 1
May

Victim Information

May is a 68-year-old woman who is diagnosed with depression and anxiety. May's depression and anxiety started shortly after her partner, Sue, died from breast cancer five years ago. May and Sue had lived together for 30 years. May and Sue enjoyed taking bicycle rides together. They owned their house having paid off the mortgage in 25 years. The house is a large colonial style home on two acres in an upscale neighborhood. It has a beautiful backyard with an inground pool, hot tub, outdoor kitchen, and fireplace, as well as beautiful gardens. They had no debt and had amassed a significant amount of wealth during their time together. When Sue became ill, May elected to retire from her job at the State's Department of Motor Vehicles to care for Sue. In the year following Sue's death, May's depression and anxiety caused her to become overwhelmed by the responsibilities of owning such a large house, paying bills, and caring for herself. May has a younger sister, Karen who is married and has a son, Brendan who lives about 20 minutes away from May. Karen lives about four hours away from May. Due to the distance between May's and Karen's homes, May was not very involved in Brendan's life as he grew up. May knew that Brendan worked as an accountant for a big firm and May viewed Brendan to be a good person.

Case Referral

May's 35-year-old nephew Brendan offered to help May by alleviating some of her responsibilities. He offered to manage the payments of her bills, manage her finances, and make sure her house and property were maintained. However, after three years of Brendan acting in this role, it was discovered that he had failed to pay the property taxes on May's house for three years (total of \$35,000) and seems to have stolen a significant portion of May's savings (total of \$350,000 dollars).

Disclosure Statement (for Pre-Assessment)

"I'm here to talk about my nephew stealing my money."

Case 1: Initial Investigative Discoveries

Seven days ago, May received a letter from the Village of Paradise informing her that they will be taking legal action against her for failing to pay property taxes. The letter indicated that she owed \$35,000.00 in back taxes and that if the matter wasn't addressed within 60 days, the city would seek ownership of the house. May called Brendan and told him of the letter. Brendan stated that there must be some mistake and that he would fix it. Brendan has not returned May's calls and has seemingly disappeared.

May went to her bank to obtain a current balance record of her savings and checking accounts. She discovered that her savings account had been closed a year ago and that her checking account had her only three hundred dollars in it. May expected her savings account to have around \$80,000.00 in it. May had discussed with Brendan her desire to keep that amount in her savings. Brendan was to pay for household expenses from that account and replenish it accordingly with pension income and social security benefits.

May then checked her retirement account and learned that steady monthly withdrawals had been occurring for over 2 years. The account had over \$750,000.00 in it before withdrawals started to happen. May tallied up the total amount of withdrawals and discovered that \$270,000.00 had been withdrawn from her account. Brendan never informed May that he needed money from that account to pay for any expenses.

Parties Involved

- May (victim)
- Brendan (May's nephew/suspect)
- Sue (May's deceased partner)
- Karen (Brendan's mother/May's younger sister)

Cas 1: Role Player Guidelines

Character Skills:

- You can communicate clearly but have become withdrawn since Sue passed. You find it challenging to be around new people as your self-esteem is low. You used to feel in control of your life, and confident in your decision making but not so much anymore. You were starting to feel a little better since Brendan had taken over handling the bills, budgeting, and house maintenance. However, the things that you have discovered about your finances this past week have caused you to feel an immense sense of inadequacy and poor judgement once again, but also a sense of betrayal. You are ashamed of yourself for needing Brendan's help in the first place and embarrassed that he was so easily able to steal from you.

Introduction: Respond in a cooperative manner to the review of the interviewer's role, interviewing room, recording, etc.

Rapport: Respond to prompts asking to discuss your background. Some ideas are listed below. You can draw from personal experiences/knowledge to enhance the provided fact patterns.

Family:

- Your parents are both deceased, and you have a younger sister, Karen.
- You and Karen have a good relationship now, but there is an 8-year age difference between the two of you.
- Growing up the two of you did your own things. It wasn't until you were in your late twenties that the two of you became closer.
- Karen got married and moved away because her husband was offered a good job.
- You don't get to see her much because of the distance, but you talk to each other a couple times a week and always get together at least on the holidays.
- Your nephew, Brendan, is an only child and you spoiled him as much as you could while he was growing up.
- Brendan had a few tough years in high school and had gotten himself into trouble with using drugs and doing poorly in school.
- Brendan did turn his life around though. After working in construction for a few years, he went to college and obtained a business degree.

Case 1: Role Player Guidelines ctn.

Family ctn.:

- Brendan found a job in Gotham (a city close to you) and moved to a town about 20 minutes away from you.
- As far as you know Brendan was doing well financially and professionally. He is not married but has been dating someone for several months.
- You met Sue at a co-worker's house during a holiday party.
- You were 31 when you met Sue. Sue was 28.
- After two years of dating, the two of you decided to move in together.
- You lived with Sue for 30 years.
- Sue was a free spirit, very creative, and had a great deal of energy.
- People just gravitated towards her.
- She could play the guitar and had a lovely voice. She would always be asked to sing when you hosted a party.
- Sue was diagnosed with a rare form of aggressive metastatic breast cancer and was only given several months to live. You decided to retire and spend as much time with Sue as possible.
- Sue died two months after her 60th birthday.

Work:

- When you were 28 years old, you got a job with the State. You worked for the Department of Motor Vehicles and eventually became a supervisor.
- The office was in Gotham, and you worked there for 34 years.
- Your first position there was administering the written exam for a driver's permit.
- You then moved to the unit which handled specialized plates and registrations.
- You eventually became the supervisor of that unit.
- You were promoted again and managed the branch.
- Sue had started her own business shortly before the two of you met. She initially made and sold gift baskets filled with items for newborn babies and moms.
- Then she made gift baskets for all different types of occasions. She was successful at it and did everything right from the basement of the house.

Case 1: Role Player Guidelines ctn.

Interests:

- You used to be very active when you were younger. You especially loved to bike ride.
- You owned a couple of different bicycles. You had a Trek road-bike, and a Specialized mountain-bike, with full suspension.
- Each of those bicycles cost a couple of thousand dollars.
- Now you just have a Schwinn hybrid which you haven't ridden since Sue was diagnosed with cancer.
- You used to take 25-40 mile rides a couple of times a week on your road bike.
- It was a great way to decompress from work.
- You got Sue into biking somewhat. Sue preferred to ride a hybrid style bicycle because she could sit up straighter, and the saddle was more comfortable on her butt.
- When you biked together you took one of the few scenic bike trails that run through your community. The rides were only about 15 miles round trip.
- You stopped mountain biking in your mid-fifties. It made you sad, but it wasn't worth the risk of getting injured.

Establishing Interview Guidelines: Respond in a cooperative manner to the review of interview instructions.

Establishing a Baseline: Respond to prompts discussing a time you went on a bike ride using the following details. You can draw from personal experiences/knowledge to enhance the provided fact patterns.

Last bike ride:

- It was during the week.
- It was a nice day the sun was out, and it was only expected to be in the mid 70's for the high temperature.
- You and Sue got up between 8am and 9am, had a hearty breakfast and left your house around 11am.
- You ate two eggs, wheat toast and a banana. You drank two cups of coffee and a small glass of orange juice.
- Sue teased you that you were going to have to stop and pee a bunch of times and gave you a roll of toilet paper to put in your knapsack.

Case 1: Role Player Guidelines ctn.

Establishing a Baseline ctn.:

Last Bike Ride ctn.:

- You packed your biking knapsack with a couple protein bars, a tool kit for bicycles, spare tubes, and a roll of toilet paper.
- You and Sue loaded your hybrids onto your bike rack and drove to a trail that is about ten miles from your house.
- The trail runs along a small stream for a while and then through some lightly wooded areas. It spans four small towns and at points you ride through small sections of the towns.
- The trail is 25 miles long. You planned to ride from the eastern trail head to the second town and back which would be about a 22-mile ride.
- About 15 minutes into the ride, you did have to stop and take a bathroom break. You were happy Sue made you pack the toilet paper.
- Sue laughed and joked that it was a good thing that she was around to look out for you.
- Somewhere between the towns of Hague and Hadley Sue got a flat tire.
- Fortunately, it was the front tire, which is much easier to change because you don't have to deal with the chain.
- You unhooked the brake cable from front brake arm, which is bolted to the fork, then turned the bike upside down, so the tires were in the air.
- When you disconnect the brake cable it relaxes the brake arms so you can get the wheel past the brakes.
- There's a lever that you flip that quickly releases the wheel from the fork.
- Once you get the wheel off the bicycle you can fix the flat.
- You had many flat tires over the years and learned to just bring spare tubes.
- The tool kit you brought has these plastic levers that are like small shoehorns. You place the spoon shaped end of the lever between the tire and the rim and pry upwards.
- You can hook the other end to a spoke, so it stays in place. Then use the other levers to keep taking one side of the tire off.
- You did this until one side of the tire was out of the rim.
- You then pulled the tube out and replaced it with another tube.

Case 1: Role Player Guidelines ctn.

Establishing a Baseline ctn.:

Last Bike Ride ctn.:

- The tire was okay. A small piece of metal had punctured the tube.
- You replaced the tube and put the tire back on. The tire goes on pretty easily. You were able to do it without having to use any tools. It just gets pushed back into place on the rim.
- You were able to pump the tire up with your hand pump good enough to get you to the town of Hadley. You and Sue stopped at a gas station and used their electric pump to get the tire properly inflated. There was a nice young man there that helped you and made sure all of your tires had the right amount of pressure.

Check-In: When the interviewer checks in with you, appear anxious and ask questions about what is going to happen to Brendan. You are concerned how this is going to affect your relationship with your sister. You can't bear to lose her too. After the interviewer has explored your concerns and provided reassurance, move past the barrier/block.

Transition to Allegations: You know why you are being interviewed. Go with the transition chosen by the interviewer. Additional information is included below to help you respond.

If **Open Invitation** used: When asked about the reason you are being interviewed respond with the following: *"It's about my nephew taking my money."*

If **Externally Verifiable Information** used: Respond accordingly to the known, factual information being presented by the interviewer. For example, "I understand that EMS/the police came to your house."

Case 1: Role Player Guidelines ctn.

Exploring Allegations: Initially provide a general overview of what occurred based on the following fact pattern. Then when asked for specific details regarding aspects of the incident, provide the more detailed information accordingly.

- You have not been able to get past losing Sue.
- You know that Sue would be pissed off at you for moping around and not living life, but you've had little interest in doing so.
- Sue really broke you out of your shell, made you comfortable with your sexuality and brought joy to your life.
- In the months after Sue's death, you realized that due to the way you were feeling you couldn't handle the responsibilities that come with owning a house.
- You could not imagine losing the house too. There were too many great memories preventing you from selling the house or to let it fall into disrepair.
- Sue had handled the bills and all things financial. Sue was the one who envisioned the renovations and did all the decorating.
- You found yourself second guessing yourself and becoming very anxious over making simple decisions.
- Several months after Sue's death, Brendan reached out and asked to come see you.
- Brendan came with dinner and the two of you caught up.
- During this visit you shared how you were feeling overwhelmed with Brendan. He offered to help with some of the things that were causing you anxiety.
- Brendan assured you that it would be no trouble for him. He told you that he would make sure that you could stay in the house and that he would take care of your finances.
- He also wanted to be the person to arrange for property maintenance and repairs. He would be able to take care of most little things with his construction background and would hire competent people for the bigger jobs if needed.
- Over the following weeks you and Brendan met like three or four times so he could get a handle on what bills existed, what money was coming in and things like that.

Case 1: Role Player Guidelines ctn.

Exploring Allegations ctn.:

- Brendan set some things up for automatic electronic payment right from your checking account.
- Those things were like the cable bill, the cell phone bill and maybe a couple of other things.
- You and Sue had a savings account that Sue insisted should have \$80,000.00 in it. That way if something big went with the house you had the money to pay for it.
- You have a \$60,000.00 a year pension from the State and started collecting social security a year ago.
- Your monthly income is around \$7,000.00.
- Brendan said he would make sure that the checking account had \$4,500 in it at the start of each month to pay all your monthly bills.
- He would take the rest and divide it between your savings account and a 401k account.
- You remember Brendan saying something about opening a new investment account and combining what you had already saved with new contributions.
- Because you didn't work for the State anymore you couldn't keep adding to the investment account or something like that.
- You gave Brendan all the information about your accounts and did something with the bank so that he could move money between accounts as needed.
- You were very confused when you received the notice from the Village that you owed three years' worth of taxes.
- The tax bill is now your biggest monthly expense. You remember Brendan telling you that he would regularly add to the savings account so that he could pay the property tax bill when it came due.
- Brendan was supposed to be putting around \$1,200.00 a month into the savings account and then the rest into the investment account.
- You initially thought that the Village had screwed something up, but when Brendan didn't get back to you and couldn't be reached, that's when you got the feeling that something was really wrong.
- You went to your bank and sat down with a manager to go over you accounts.

Case 1: Role Player Guidelines ctn.

Exploring Allegations ctn.:

- Your checking account had only \$300.00 dollars in it. (You are not sure what monthly bills have been paid as it's only the second week into a new month.)
- When you looked at the savings account statements leading up to the accounts closure, there were never any deposits, just withdrawals. The account balance reached zero and was closed about a year ago.
- After you left the bank, you went home and looked for the information on the investment account.
- You found the file that had the last statement of the account you had while employed with the State. You also have the new account's information with the transference of funds from one account to the next.
- There was \$750,000.00 dollars that was transferred. The new account showed some deposits shortly after it was opened, but then only had a record of withdrawals.
- You did a quick add up of the withdrawals and estimate that about \$270,000.00 was withdrawn from the account.
- You believe that at least \$350,000.00 has been stolen from you.
- You have no idea why Brendan would do such a thing. You feel very ashamed of yourself for giving Brendan such complete access to your money and that you never bothered to check on things for all this time, but also a sense of betrayal by someone you trusted.
- It had all seemed to be working so well.
- You are feeling a great amount of anxiety right now. You are having trouble even thinking about the monthly expenses you have and how to figure out how much money has been stolen.
- You are not sure what you want to happen beyond getting your money back.

Respectful Closure: Respond in a cooperative manner to closure of the interview. When asked how you are feeling after talking, respond that you are feeling okay.

Instructor Case: 2
Allen

Victim Information

Allen is a 69-year-old male diagnosed with a mild intellectual disability and mild dementia. He is missing the forefinger on each hand and has impaired speech from a stroke. He repeated 3rd grade twice and dropped out of school in the 7th grade. He was employed at a tow yard for more than 35 years moving vehicles, doing minor maintenance, and towing vehicles to the yard. He retired about 5 years ago.

Allen was married to Marjorie for 41 years. She managed the home and handled all the finances as he was “never good with math”. She was his “rock” and Allen depended on her for “everything”. Allen’s life was turned upside down 2 years ago when Marjorie was killed in a car accident.

Since his wife’s death, Allen has had regular contact with his 3 grown children. He has always been close to his daughter, Betty, who is married and lives nearby. Betty checks on Allen nearly every day.

Allen likes to spend time with his family, especially his grandkids.

Case Referral

After his wife passed, Allen met a woman named Darlene. Darlene rented Allen a room in her basement and indicated that she may be interested in having an intimate relationship with him. Darlene took Allen’s life savings and did not fulfill her promises to pay his car loan, house mortgage, or cell phone bill. It is estimated that Allen lost \$150,000. Additionally, while Allen was living in Darlene’s house, Darlene subjected Allan to psychological abuse.

Disclosure statement (for Pre-Assessment)

“I’m here to talk about what happened with Darlene.”

Case 2: Initial Investigative Discoveries

Allen showed up at the house of his former employer, Carrie, late one night with only a plastic garbage bag holding his few possessions. Allen was upset, trembling, and fearful. Allen told Carrie that he couldn't take living with Darlene anymore, that she had lied to him, made him scared for his life, and taken control of everything. Carrie called Allen's daughter, Betty, who in turn notified law enforcement. Carrie described Allen as someone who avoids conflict, is not physically or verbally aggressive, is very reliable and dependable, and easy to get along with.

Before Marjorie died, Allen and Marjorie owned a home (with a mortgage), had life insurance policies with cash values, and \$100,000 in savings. Allen drove a pickup truck and had a cell phone. Between the pair they had sufficient income to cover the mortgage, truck payment, and monthly expenses and set aside a little money each month for savings.

After meeting Darlene, approximately \$150,000 of Allen's assets were misappropriated. His house was taken by a bank and sold in a short sale and his truck was repossessed. His known bank accounts were closed with the assets moved to other accounts in Darlene's name.

Allen met Darlene a year ago and had hoped that they would share a romantic relationship someday. Darlene led Allen to believe she was single and open to a relationship with Allen. Allen shared his romantic interests in Darlene with his family. Allen started spending a lot of money on Darlene.

Case 2: Parties Involved

- Allen (victim)
- Darlene (suspect)
- Fred (Darlene's boyfriend)
- Betty (Allen's daughter)
- Joseph (Allen's son)
- Samuel (Allen's son)
- Carrie (Allen's former employer)

Role Player Guidelines

Character Skills:

- You use basic words and simple sentence structure. You tend to be a people pleaser and prefer to avoid conflict. When answering questions, you need more time to access the information (if known) in your memory and then typically reply slowly. You need to concentrate on pronouncing words due to your stroke. At first, you will answer only yes/no to yes/no questions. You do not become angry or upset if do not know the answer to a question and will say, "Hm, I do not know."
- If asked to describe things or provide a narrative, you can provide information in blocks of 4-5 sentences. You will continue providing information when prompted to continue.

Introduction: Respond in a cooperative manner to the review of the interviewer's role, interviewing room, recording, etc.

Establishing Rapport: Respond to prompts asking to discuss your background.

Discuss your family as listed below. You can draw from personal experiences/knowledge to enhance the provided fact patterns.

Children:

- You have three grown children, Betty, Joseph, and Samuel.

Betty:

- Betty is 38 years old and is the oldest child. Betty is married to Mark and has two boys of her own, Daniel (8 years old) and Robert (6 years old).
- Betty is a nurse and works for a company that takes care of people in their homes. There's a name for it but you cannot recall it at the moment.
- Mark is a manager a sporting goods store.

Case 2: Role Player Guidelines ctn.

Establishing Rapport ctn.:

Betty:

- You have always been close with Betty. She is a kind, patient, and caring person like her mother.
- You talk with Betty nearly every day. After Marjorie passed, Betty asked you to come live with her.
- You did not want to be a burden and wanted to let Betty live her own life in her own way. Raising kids, working, and taking care of a home is hard enough without having to take care of a parent.

Joseph and Samuel:

- Joseph and Samuel are both 30 years old and are both single.
- Joseph is a fireman for the Smallville Fire Department, and he is on the department's SCUBA team.
- Samuel lives in New York and works on Wall Street doing something in business.

Work at Towing Company:

- You learned some basic things about maintaining cars from your father and liked being around cars.
- When you got a little older and needed to have a steady job there wasn't much opportunity for you because you didn't go to high school.
- You happened to meet Mr. Wallace who owned a towing company and an auto repair shop.
- You mowed his lawn and cleaned his yard for a few years.
- He liked the work you did and offered you a job at the repair shop.
- At first it was moving cars around on the lot and washing those he was trying to sell.
- He then let you do some maintenance work on some of the older cars.

Case 2: Role Player Guidelines ctn.

Establishing Rapport ctn.:

Work at Towing Company:

- Then one day his tow truck driver called out sick and it turned out to be a busy day for towing cars.
- He sent you out to do some tows. You did well, so he had you fill in on the towing.
- As Mr. Wallace got older, his daughter Carrie took over the business.
- Carrie knew who you were and kept you on working at the shop. She was always very kind to you. You liked working for her.
- You really liked the towing part of your job because you liked making people feel better after their car broke down.
- You knew the mechanics at the shop were skilled, honest, and could fix just about anything.
- You liked to be able to re-assure people that they were in good hands.

Establishing Interview Guidelines: Respond in a cooperative manner to the review of the interview guidelines.

Establishing a Baseline: Respond to prompts asking to discuss a time your family was all together using the following details. You can draw from personal experiences/knowledge to enhance the provided fact patterns.

Last time family was all together:

- The last time that your whole family was together was for Christmas.
- Samuel came to town and stayed with Betty and Mark in their spare room.
- On Christmas Day, Betty had everyone over to her house for dinner.
- Joseph picked you up from your place and you arrived at Betty's after lunch.
- Betty made a bunch of snacks.
- For dinner, Betty made a ham, whipped sweet potatoes and baby carrots roasted in brown sugar (your favorite side).
- After dinner, you played with your grandsons (Daniel and Robert).
- You had gotten them a matchbox car and track sets.
- You helped them set up long tracks in their basement playroom.
- The tracks had a loop and hills.

Case 2: Role Player Guidelines ctn.

Establishing a Baseline ctn.:

- The boys could race each other because you made identical tracks side by side.
- Eventually everyone came down to the playroom, picked a car and raced each other.
- After a while, Joseph said that it was time to go.
- He drove you back to your place and you went to bed.

Check-In: When the interviewer checks in with you, appear anxious and express that you feel so embarrassed and stupid. You are just like Darlene said, "Good for nothing." After the interviewer has explored your concerns and provided reassurance, move past the barrier/block.

Transition to Allegations: You know why you are being interviewed. Go with the transition chosen by the interviewer. Additional information is included below to help you respond.

If **Open Invitation** used: When asked about the reason you are there to talk respond with the following: "I'm here to talk about what happened with Darlene."

If **Externally Verifiable Information** used: Respond accordingly to the known, factual information being presented (i.e., Showing up at Carrie's house, talking to the police, losing your house, having your car repossessed, or living with Darlene).

Case 2: Role Player Guidelines ctn.

Exploring Allegations: Initially provide a general overview of what occurred based on the following fact pattern. Then when asked for specific details regarding aspects of the incident, provide the more detailed information accordingly.

- After Marjorie's death you began to frequent a neighborhood bar, "The Drop In", a couple of times a week after work.
- You told other patrons that you really missed your wife and hated to go home to an empty house.
- You also told people that you would be getting money from a settlement for Marjorie's death.
- One evening you met Darlene, who was another patron of the bar.
- You chatted for a while and shared your story with her.
- That night Darlene invited you to follow her home.
- Darlene showed you her house and then you then went home.
- A week later Darlene invited you to spend the night at her house.
- You slept in a basement room by yourself.
- Darlene convinced you to move into her home as a tenant.
- Darlene asked you to pay \$500 per month for rent and set you up in a room in her basement.
- You really liked Darlene and hoped that you would share a romantic relationship with her someday.
- Darlene led you to believe she was single and told you she was open to having that kind of relationship with you.
- You not only shared your romantic interest with Darlene, but you also told her family, your family, your former coworkers, and others.
- Darlene never mentioned that she was not interested in a relationship with you.
- While living at Darlene's, you had a stroke and were hospitalized.
- When you met Darlene, she told you that she had less than \$500 in the bank, did not have a steady job, and owed about \$50,000 for things like car and truck loans, and credit card bills for unexpected house expenses.
- Betty was worried when she saw that you were not paying your own bills.
- Betty was also worried about you paying some of Darlene's bills.

Case 2: Role Player Guidelines ctn.

Exploring Allegations ctn.:

- You and Betty agreed to have Betty regularly watch over your bank accounts.
- A few days later, Betty and Joseph confronted you and Darlene at City Bank about all the money you were spending on behalf of Darlene.
- You did not want to talk about it in front of Darlene because she would get mad at you if you listened to your children.
- Darlene would not speak with them either.
- Your children called the police, but you told the police everything was fine, and you were doing what you wanted to do. The police told your kids that you could do what you wanted to with your money and left.
- Darlene convinced you that your children only wanted your money. They did not want you to spend their inheritance. They were not interested in your happiness.
- Darlene told you to transfer all of your money out of the City Bank account so your children could not watch what you were doing.
- A few days later Darlene opened new accounts and told you to put all your money in those accounts. She said she would protect your money from your children and that you could spend it how you wanted to and that you did not need their permission.
- Darlene said her name would be on the accounts too, so it would be easier for her to pay your bills.
- You have your social security checks directly deposited to your checking account.
- You gave Darlene access to all of your accounts believing that she was paying your bills.
- Darlene had you cash out your life insurance policies. She said that your kids don't need the money, so why should you keep giving it to the insurance company. She told you that you should be able to enjoy your life and indulge yourself. You gave the money to Darlene to put in the bank.

Case 2: Role Player Guidelines ctn.

Exploring Allegations ctn.:

- You later learned that Darlene never paid your mortgage, truck loan or cell phone bill.
- The cell phone bill was the first bill that you learned about not being paid. Your phone service was just shut off. You asked Darlene if she would help you get it straightened out.
- After a few days, Darlene told you that the phone company made a mistake and that they were working on getting it straightened out.
- Then your truck was repossessed. You went to the police station to report it stolen, but they told you that it wasn't stolen and that it had repossessed.
- You asked Darlene to help you with that, because your phone still hadn't been turned back on.
- She said that something must have happened to the mail and the loan company didn't get the checks she sent. Darlene said she'd try and get it straightened out when she could.
- This happened shortly before you had your stroke.
- It was after your stroke, when you were still living with Darlene that you learned that your house had been sold. She had stopped paying the mortgage because she thought it was a waste of money. She did not expect you to move back home ever again.
- After a few months of living with Darlene, she began to scold and yell at you when you did not do what she wanted. This made you sad and scared.
- She called you names like "midget", "idiot", "fool" and "good for nothing" which really upset you.
- You had to stay in the basement and could only come upstairs after asking and receiving permission from Darlene.
- You kept asking Darlene when your phone was getting turned back on. She got annoyed and broke your cell phone and refused to replace it. You could not call anyone because there was no landline in the house.
- Betty tried to bring you home to live with her family after your stroke.
- Darlene kept telling you that Betty was only after your money. Darlene also kept saying that only she could give you the care you needed. Darlene promised over and over that she would care for you.
- You agreed to go back to Darlene's house.

Case 2: Role Player Guidelines ctn.

Exploring Allegations ctn.:

- Once you were back in Darlene's house, she refused to take you for any follow up treatment.
- The stroke impaired your speech, so it is difficult for people to understand everything you say.
- In the beginning you thought the relationship would lead to a happy marriage like your first marriage. You agreed to do the things she wanted you to do because it avoided conflict and you believed she cared about you.
- Darlene did things so fast that you could not keep up with what she was doing, and you really didn't understand what she was doing.
- It took a while, but you eventually realized she was not going to marry you. There was a man who lived upstairs with Darlene who Darlene said was her brother. You found out that he was her boyfriend, not her brother.
- You stayed with Darlene because you had nowhere to go. Your house was sold, you could not drive away because your truck was gone and did not know how to contact your children.
- You left because Darlene's because it was unbearable, and you feared what would happen next.
- When you left, you took some clothes, a comb and brush, and a picture of your wife.
- You went to Carrie's because it was only a few miles away and you knew that the people there really cared about you.
- You also had some financial papers that you have had for a long time. You are not sure what the papers are or if they are still valid. You gave all the papers to your daughter.
- You are not sure about your bank accounts or how much money is in them.
- You do not do the banking. Darlene handles all of that and pays the bills.
- Any money you have received (pay checks, the settlement on your wife's death, unemployment after your stroke) you turned over to Darlene who assured you many times that she was paying all the bills.
- You regret the day you met her. You do not know how you will support yourself—you cannot go back to work due to the stroke.

Case 2: Role Player Guidelines ctn.

Exploring Allegations ctn.:

- Your daughter wants you to live with her, but you believe that you will be a burden.

Respectful Closure: Respond in a cooperative manner to closure of the interview. When asked how you are feeling after talking, respond that you are feeling okay.

Instructor Case: 3
Benny

Victim Information

Benjamin “Benny” is an 86-year-old Jewish man who immigrated from Austria with his family to America as a young boy. After graduating high school, Benny worked as a tailor’s apprentice. Benny eventually became a skilled tailor and worked for 40 years for a now defunct clothing store chain. Benny has been living in a licensed skilled nursing facility for eight years. Benny has been diagnosed with heart disease, diabetes, and severe degeneration of the discs in his cervical spine. Benny has had two strokes and as a result has an impaired ability to ambulate and will sometimes confuse peoples’ names and be unable to accurately recall the names of certain everyday items. For example, Benny might call a chair “the sit”. Benny uses a walker and must be reminded to perform certain activities of daily living such as showering, brushing his teeth and hair, and taking his medication. Benny likes to play chess. He has been teaching his housemates how to play chess in the hopes of having a yearly house chess tournament.

Case Referral

During an overnight fire drill, staff Jean Luc, pulled Benny out of his bed, and dragged him by his ankles down a 20-foot hallway, through the kitchen, through the living room and out the front door onto the front porch. The supervisor, Gwen, reported seeing Jean Luc pulling Benny through the kitchen and living room by his ankles.

Disclosure statement (for Pre-Assessment)

“Because of what happened with staff during the fire drill.”

Case 3: Initial Investigative Discoveries

Benny lives in a house with seven other adults. Benny shares a room with Oscar. Last Friday night, the house staff were required to perform a fire drill. On Friday night, the fire drill was initiated and observed by the supervisor. The drill was not considered successful because staff did not evacuate all residents within two minutes of the alarm sounding. The staff, Denise and Amari, were unsuccessful in meeting the standards because one of the residents, Tessa, did not want to participate in the drill.

On Sunday morning, the drill was performed again at 1:30 A.M. However, Jean Luc and Denise were the staff working. During this drill, Benny did not want to participate in the drill. The supervisor, Gwen, reported seeing Jean Luc pulling Benny through the kitchen and living room by his ankles. Benny was face up and was moaning as he was being dragged. Benny was taken to General Hospital for examination and treatment for abrasions to his back.

Parties Involved

- Benny (victim)

Staff

- Jean Luc (Direct support staff/suspect)
- Denise (Direct support staff)
- Amari (Direct support staff)
- Gwen (Supervisor)

Residents

- Oscar
- Theo
- Graig
- Tessa
- Carmen

Case 3: Role Player Guidelines

Character Skills:

- You can communicate clearly and are social. You sometimes cannot remember the name of some common items, and this can frustrate you. You start snapping your fingers and say “You know, uh” then you describe what the item does or is used for. You have come to terms with your physical limitations but are steadfast in keeping your mind active. You read books and like to play chess for this reason. You no longer have an interest in spending time on personal hygiene since you spend most of your time in and around your residential setting and do not have anything that requires proper attire. You feel that you do not need to impress anyone with whom you live.
- You tend to minimize any negative experiences by indicating that nothing compares to what you had to deal with as a young Jewish boy fleeing Austria and along with your family, making your way to America.

Introduction: Respond in a cooperative manner to the review of the interviewer’s role, interviewing room, recording, etc.

Establishing Rapport: Respond to prompts asking to discuss your background. Some ideas are listed below. You can draw from personal experiences/knowledge to enhance the provided fact patterns.

Work:

- After high school you decided that you wanted to make clothing. You were inspired by your mother who was a seamstress.
- You father knew a man who had a small tailoring shop and needed some help.
- You worked for him for eight years and learned how to make suits and all sorts of other clothing items.
- When you were 27, you took a job as a tailor for Sterns Department store.
- You worked for Sterns for 40 years before retiring.

Case 3: Role Player Guidelines ctn.

Establishing Rapport ctn.:

Chess:

- You have always enjoyed playing chess.
- Your father taught you how to play when you were a young boy.
- You would play your father regularly.
- As you got older you had some friends that would play with you.
- You played chess in a high school club. You were one of the better chess players in the club.
- You believe that chess helps keep your mind sharp.
- You decided to teach your housemates to play chess because you missed playing and you all needed something to do other than watch television.
- Oscar, Theo, Graig, and Carmen have been interested in learning how to play chess.
- Oscar and Graig knew how to play a little bit already, but Theo and Carmen did not.
- You have a couple of books on how to play chess that you refer to as you teach them.
- Mostly you teach them by playing and going over how each piece can move.
- You only have one chess board, so you play one at a time.

Establishing Interview Guidelines: Respond in a cooperative manner to the review of interview instructions.

Case 3: Role Player Guidelines ctn.

Establishing a Baseline: Respond to prompts asking to discuss a time you played chess as listed below. You can draw from personal experiences/knowledge to enhance the provided fact patterns.

Chess:

- You and Carmen played 5 matches the other day.
- Carmen played well and almost placed your king in check a couple of times.
- The third game against Carmen was the closest game. It also took the longest.
- The other people who were watching the game provided advice to Carmen.
- She did not need much help from anyone though.
- You think she might be reading the books on chess more than she lets on.
- You sat in the living room to play. You listened to real music (big band, Sinatra).
- Everyone else was sitting around watching the two of you play or they were reading.
- When the games got close the other ladies starting cheering Carmen on.
- You were so involved in the games that you all had lunch and afternoon snacks in the living room instead of at the kitchen table.
- Carmen has really improved.

Check-In: When the interviewer checks in with you, ask questions about what is going to happen to you. You are concerned about getting kicked out of the house for not wanting to get out of bed for the fire drill. You think you are responsible for what happened. You like living in the house and consider the other residents your friends and you have nowhere else to go. After the interviewer has explored your concerns and provided reassurance, move past the barrier/block.

Case 3: Role Player Guidelines ctn.

Transition to Allegations: You know why you are being interviewed. Go with the transition chosen by the interviewer. Additional information is included below to help you respond.

If **Open Invitation** used: When asked about the reason you are there to talk respond with the following: "Because of what happened with staff during the fire drill."

If **Externally Verifiable Information** used: Respond accordingly to the known, factual information being presented by the interviewer. Interviewers may ask you prompts that include information such as, "I understand that there was a fire drill the other night", or "I understand that you went to the hospital."

Exploring Allegations: Initially provide a general overview of what occurred based on the following fact pattern. Then when asked for specific details regarding aspects of the incident, provide the more detailed information accordingly.

- You have been told that the staff must practice fire drills regularly to keep everyone safe.
- The drills happen at all times of the day. Some are done during the daytime, some in the evening and some in the middle of the night.
- Some of the folks in the house use wheelchairs, others use walkers, and some can walk fine on their own.
- The staff have a system for getting everyone up and out, especially during the overnight when everyone is in bed.
- You know that staff wakes you up first to get you heading for the front door then they wake up Oscar, your roommate, because Oscar uses a wheelchair.
- The staff can wake Oscar and put him in the chair and push him out of the house.
- If you are heading to the front porch and the staff pushes Oscar out of the house, staff can then go to the next room to get more people and help them evacuate the house.

Case 3: Role Player Guidelines ctn.

Exploring Allegations ctn.:

- The bedrooms that have people who need help walking are the first rooms to get the attention from staff during a drill.
- You did fine the night before. You got up and walked out of the house like you were supposed to. Oscar made it out just fine too.
- You were angry that they did another drill early Sunday morning (1:30 AM).
- You were in a deep sleep and did not want to go out into the cold again.
- It took you quite some time to get back to sleep after the drill on Friday night and you were tired all day Saturday.
- When Jean Luc came into the room, he was speaking loudly saying "Fire, fire." Jean Luc shook you by the shoulders.
- You were in deep sleep and were startled awake. You said, "What the hell are you doing?"
- Jean Luc told you that you had to get up and get going.

STOP DISCLOSING

- *Wait until the interviewer explores your reason for you not wanting to answer questions (you are embarrassed and worried about losing your placement)*
- **Once the interview has reassured you in a legally defensible way, continue with the narrative.**
- You rolled over, pulled the blanket over your head, and told him that you were not getting up for another stupid drill.
- Jean Luc told you that he needed you to get up because the drill was not going to fail on his watch.
- Jean Luc had gotten Oscar up and into the wheelchair and was heading to the hallway. He yelled at you again to get the "fuck up" otherwise he would be back to drag you out the house.
- This made you angrier, so to spite him you stayed in bed.
- Suddenly, all your covers were pulled away and thrown on the floor.
- You felt your ankles being grabbed and then you were rolled from your side onto your back.

Case 3: Role Player Guidelines ctn.

Exploring Allegations ctn.:

- You had been laying on your right side facing the wall.
- You were pulled out of bed, feet first.
- You were pulled from the bed in a such a manner that your upper body slid down the side of the bed and you buttocks made contact with the floor first.
- You were pulled away from the bed quickly, which caused your upper body to fall back against the ground.
- You were dragged from your bedroom, down the hall, through the kitchen and living room until you got to the front door. You kept yelling stop; you're hurting me.
- Jean Luc was the person dragging you.
- He dragged you over raised wooden door saddles which are between the hallway and the kitchen and the kitchen and the living room.
- Being dragged like that burned and it hurt.
- When you got to the front door, he let go of your ankles, came around to your head, grabbed the shoulder areas of your shirt and lifted you to a seated position.
- From behind you, he then put his arms under your arms, and wrapped his arms around your chest. He spun you around and half carried/half dragged you out onto the front porch.
- He then sat you on the ground.
- You think everyone else was out on the front porch.
- You crawled back into the house once the drill was over.
- You sat on the living room floor while leaning against a chair.
- You were shaken up by the experience and urinated in your pants while sitting on the living room floor.
- Your back was sore. You had abrasions across your entire back from your shoulders down to just above you belt line.
- You remember some lady, who you think is the new supervisor yelling at Jean Luc.

Case 3: Role Player Guidelines ctn.

Exploring Allegations ctn.:

- Jean Luc is not a young person; he is in his fifties.
- You have never had problems with Jean Luc before.
- You have been worried about this interview because you do not want to get anyone in trouble and are worried that no one would want you in this facility or another one.

Respectful Closure: Respond in a cooperative manner to closure of the interview. When asked how you are feeling after talking, respond that you are feeling okay.

Instructor Case: 4
Camille

Victim Information

Camille is a 75-year-old woman who lives at home with her 52-year-old daughter Nancy. Camille is mostly independent with her activities of daily living but requires assistance with showering as she is often unstable and falls easily if unassisted. Camille is diagnosed with cardiac arrhythmia, hypertension, arthritis, and Parkinson's disease. Camille has had Parkinson's for over three years and has had a pacemaker for seven years. Three years ago, Camille reached a point that she could not live in her home on her own. She was no longer safe to drive, she needed help with grocery shopping, taking her medication, and maintaining her home. Nancy was recently divorced and decided that she could move home to care for her mother. The family all thought that this was a great solution because it allowed Camille to stay in her home that she cherished. Camille was married for 48 years until her husband passed away 4 years ago. Aside from Nancy, Camille has two adult sons and five grandchildren. Camille loves the outdoors and use to go camping with the family.

Case Referral

Four days ago, James and his wife Monica came to stay with Camille while Nancy travelled. On the second night of their visit, Monica was helping Camille get ready to shower. Camille complained that her left arm was hurting and that she could not move it. Monica lifted the sleeve to Camille's shirt and noticed that a large portion of Camille's upper left arm was bruised and swollen. Monica told James about Camille's arm, gave Camille some ibuprofen and they decided to take Camille to the hospital. Camille was taken to General Hospital, where it was discovered that Camille had a humeral shaft fracture which required surgical intervention and casting. While Camille was at the hospital, she told the intake nurse that she hurt her arm when she fell the other day. Camille indicated that she had fallen because her daughter had knocked her off balance.

Disclosure statement (for Pre-Assessment)

"I'm here to talk about my broken arm."

Case 4: Initial Investigative Discoveries

Camille lives in her house with her adult daughter, Nancy. Nancy is the generally the sole caretaker of her mother. Nancy had called her brother James several days ago and asked if he could spend some time with their mother. Nancy seemed stressed and indicated that she had been invited to go away with a friend for a few days. James and his wife Monica were free and agreed to stay with Camille while Nancy was away. When James and Monica arrived at Camille's house, Nancy told them that Camille had been challenging lately. Camille has been hallucinating and paranoid that Nancy was taking her clothing and favorite blanket. Nancy explained that this happened when she was trying to do the laundry. Camille kept trying to take the dirty laundry out of the laundry bin and then once the laundry was washed, Camille kept interfering while Nancy was trying to fold the laundry.

Parties Involved

- Camille (Victim)

Family:

- Earl (Husband, deceased)
- Nancy (Adult daughter/suspect)
- James (Adult son)
- William (Adult son)
- Monica (James' wife)
- Blake (William's husband)
- Nate (grandson, James' son)
- Kirk (grandson, James' son)
- Peter (grandson, James' son)
- Israel (grandson, William's son)
- Elena (granddaughter, William's son)

Case 4: Role Player Guidelines

Character Skills:

- You have good verbal and social skills. You have come to realize that you have been experiencing some delusions and hallucinations lately. You've had some concerns that Nancy is trying take things that belong to you. Your son William bought you a fleece blanket that you really love, it has a picture of your late husband on it. You believe that Nancy wants the blanket and when it's being washed, Nancy is trying to take it from you. You have also commented on hearing/seeing children running through the living room and kitchen but then been told by Nancy that there aren't any children in the house.

Introduction: Respond in a cooperative manner to the review of the interviewer's role, interviewing room, recording, etc.

Establishing Rapport: Respond to prompts asking to discuss your background. Some ideas are listed below. You can draw from personal experiences/knowledge to enhance the provided fact patterns.

Relationships:

Earl:

- You were married to your husband Earl for 44 years.
- You got married when you were 22. Earl was 26.
- Earl died at the age of 70. He had an aneurysm in his brain and died suddenly and unexpectedly while vacationing in Aruba.
- You met Earl when you were 19 years old.
- You were a waitress at the local diner. He came in for breakfast one morning and you guys just clicked.
- Earl was a carpenter and eventually opened his own business building houses.
- You lived a comfortable life.

Case 4: Role Player Guidelines ctn.

Establishing Rapport ctn.:

Relationships ctn.:

Nancy, James, and William:

- You and Earl had three children, Nancy, James and William.
- They are all grown.
- Nancy was married but got divorced. She does not have any children.
- The boys have families of their own.
- James and William own their own accounting firm and work together as accountants.
- You have 5 grandchildren.
- James has 3 boys with his wife Monica. Their names are Nate (12), Kirk (10), and Peter (8).
- William and his husband Blake adopted a boy and a girl, Israel (4) and Elena (6).

Camping:

- You and Earl loved the outdoors.
- You owned a camper and used to take the kids camping during the summer.
- Sometimes you would just go for long weekends, sometimes you would take a whole week.
- You loved hiking in the woods and finding streams and small waterfalls.
- You always looked forward to sitting around a campfire at night telling stories to your children. Earl was great at telling scary stories. The kids loved to be told scary stories.
- The camper was a smaller pop-up that Earl kept in good shape and free of leaks.
- Earl built these neat fold-up chairs and a small round table so you could eat/sit outside.

Establishing Interview Guidelines: Respond in a cooperative manner to the review of interview instructions.

Case 4: Role Player Guidelines ctn.

Establishing a Baseline: Respond to prompts asking to discuss a time you went camping as listed below. You can draw from personal experiences/knowledge to enhance the provided fact patterns.

Favorite Camping Trip:

- Your favorite campsite to visit was on Forrest Lake. There were canoes and rowboats that could be used on the lake to fish or just paddle around on.
- The campsite was very pretty and well taken care of.
- One day the boys decided to take a canoe to go fishing. Usually, they used a rowboat because it was more stable in the water.
- Earl had bought the boys two new fishing poles and tackle boxes full of equipment and lures.
- You and Earl told the boys to stay seated while in the canoe and not to make sudden movements. You did not want them to tip over.
- The boys were maybe 100 yards away from the shoreline where you, Nancy, and Earl were sitting.
- William hooked what would be the biggest fish he ever caught, and a new record for the campsite.
- However, it proved to be the most memorable fishing trip because of what happened after he hooked the fish.
- William stood up all excited and started yelling “Mom, Dad I got a big one!” James stood up to get the net for William. This caused the canoe to rock and William fell into the water.
- William had a lifejacket on and surfaced immediately still holding his fishing pole. William kept reeling in the fish and was yelling to James to get closer with the canoe and the net.
- Earl went to get a rowboat so he could go help them.
- William then handed James the fishing pole and tried to climb back into the canoe but ended up tipping the canoe over sending James into the water.
- William grabbed the fishing pole from James and kept reeling the fish in.

Case 4: Role Player Guidelines ctn.

Establishing a Baseline ctn.:

Favorite camping trip ctn.:

- Earl got to the boys and pulled James into the rowboat first. William did not want to let go of the fishing pole again. So, he stayed in the water. Earl and James were able to get the two tackle boxes before they sank, but not the net.
- Earl had James back the rowboat towards William. Earl was at the back of the boat and was able to reach down and grab William under the arms and lift him into the boat.
- William didn't miss a beat and kept reeling the fish in. When William got the fish to the side of the boat Earl reached down and grabbed it by the mouth.
- It turned out that William had caught a 37" Northern Pike.
- You miss those times.

Check-In: When the interviewer checks in with you, ask if you can take a break.

Transition to Allegations: You know why you are being interviewed. Go with the transition chosen by the interviewer. Additional information is included below to help you respond.

If **Open Invitation** used: When asked about the reason you are there to talk respond with the following: "I'm here to talk about my broken arm."

If **Externally Verifiable Information** used: Respond accordingly to the known, factual information being presented (i.e., your hospital visit, or the cast on your arm).

Case 4: Role Player Guidelines ctn.

Exploring Allegations: Initially provide a general overview of what occurred based on the following fact pattern. Then when asked for specific details regarding aspects of the incident, provide the more detailed information accordingly.

On the day you broke your arm:

- After breakfast Nancy told you that she was going to do your laundry.
- She asked you to gather all your clothing that you needed washed.
- Nancy also said she was going to wash your bedding.
- It was well before lunch when Nancy came and took all your laundry and bedding.
- Sometime after lunch you started getting tired.
- You wanted to take an early afternoon nap, but your bed was not made and there were no other blankets in your room.
- You went looking for Nancy to see what was taking so long with your laundry.
- You came across Nancy in the laundry room. Nancy was folding your clothes and bedding.
- You noticed your sheets and a blanket were all done and folded.
- You picked up your sheets and the blanket to bring to your room. You wanted to make your bed so you could take a nap.
- Nancy snapped at you, telling you not to touch anything.
- You told Nancy that you were going to just take your sheets and blanket to make your bed.

STOP DISCLOSING

- **Present block/barrier:**
 - *Ask questions about what is going to happen to you. You are concerned that you will have to leave your home.*
- **After the interviewer has explored your concerns and provided reassurance, move past the barrier/block.**
- Nancy told you that you needed to have some patience and to give her a break.
- Nancy complained that she had been doing laundry and chores all morning and was moving as fast as she could.

Case 4: Role Player Guidelines ctn.

Exploring Allegations ctn.:

- Nancy claimed that you were just going to mess things up and slow her down.
- You told Nancy that you will just be helping her out and began to walk out of the laundry room with your sheets and blanket.
- Nancy grabbed the sheets and pulled them as if she wanted them back.
- You were holding the bedding tightly because you did not want to drop any of it on your way back to your room.
- When Nancy pulled on the bedding, it caused you turn sideways unexpectedly.
- You lost your balance and fell into Nancy. Nancy pushed you away from her and you fell to the floor.
- You thought you heard a sound like a stick breaking and then felt pain in your left arm.
- Nancy said, "are you for real!?"
- Nancy grabbed your right arm, squeezed it hard, pulled you to your feet and then began yelling at you.
- Nancy was mad because she had to refold a sheet and the blanket. She also said that you would not have fallen if you had just listened to her.
- Nancy also said that you are to blame because you have no damn patience and think she is here to take of just your needs.
- You also hurt the inside of your bottom lip and your jaw when you fell.
- Nancy took you to the bathroom and looked at your lip. She had you rinse your mouth out with cold water. You noticed a little blood when you spit the water out into the sink.
- Nancy went to the kitchen while you were in the bathroom.
- Not long after she left, Nancy came back with some ice in a washcloth and told you to hold the ice on your lip for a few minutes.
- You stayed in the bathroom, looking in the mirror, while holding the ice on your lip.
- Your lip got very cold, so you stopped applying the ice.
- Nancy said your lip looked fine and told you to go sit on the couch in the living room.

Case 4: Role Player Guidelines ctn.

Exploring Allegations ctn.:

- Nancy followed you to the living room and told you not to come into your bedroom until she told you that you that she was done making up your bed.
- Nancy also told you that if you keep causing her problems, she was going to have you placed in a nursing home.
- You sat on the couch and watched Judge Judy until dinner was served.
- After dinner you went to your room for a little while and laid on your bed. Your arm was very sore.
- The next day James and Monica came to stay with you and Nancy went somewhere.
- Monica came into your room to take you for a shower.
- You told Monica that your left arm was hurting and that you could not move it.
- Monica lifted your shirt sleeve and noticed that your upper left arm was bruised and swollen.
- Monica gave you medicine then took you to the hospital.
- You told the nurse that you hurt her arm when you fell after Nancy had knocked you off balance.
- The doctor told you that you had a broken arm and needed surgery.
- The doctor gave you some medicine, then you woke up and had a big cast on your arm.
- Nancy has threatened to place you in a nursing home many times.
- Nancy has told you that you are crazy and losing your mind.
- Sometimes Nancy scares you. She gets scary when she squeezes your arm or smacks your hand and yells at you. When Nancy does that, the squeezing and smacking hurts you.

Respectful Closure: Respond in a cooperative manner to closure of the interview. When asked how you are feeling after talking, respond that you are feeling okay.

Instructor Case: 5
Judy

Victim Information

Judy is a 92-year-old woman who had a stroke 10 years ago. Judy is not able to ambulate on her own and has limited use of her left arm only. Although she can feed herself certain foods (finger foods, easily scooped with a spoon or stabbed with a fork), she requires total care for all of her activities of daily living. Her daughter, Margaret, has been responsible for Judy's care for the last 9 years. Judy was widowed twenty-nine years ago. Judy has a slight slur to her speech but is easily understood, especially as someone is around her more.

Judy dedicated her adult life to Margaret, who was an only child. Judy was a troop leader for Margaret's girl scouts' troop for several years. Judy attended every school event/activity to support Margaret. Judy and her husband, Joseph, gave Margaret everything that she needed to be successful in life. Judy's fondest memories are of the times they spent taking a family summer vacation at the lake. Margaret decided not to go to college and took a job as an assistant in a veterinary office.

When Margaret volunteered to take of Judy, Judy was thrilled that her daughter would be with her, taking care of her. Judy believed that Margaret would be the best person to take of her. Judy wasn't comfortable with strangers coming into her house especially since she wasn't able to move about on her own.

Case Referral

Margaret was not providing basic care for her mother. EMS responded to Judy's house and found her in a state of medical emergency. Judy was taken to a hospital where she was diagnosed with severe sepsis, severe skin breakdown, dehydration, and pneumonia.

Disclosure statement (for Pre-Assessment)

"It's about my being sick."

Case 5: Initial Investigative Discoveries

Three days ago, Margaret called 911 and requested assistance for her mother who was having difficulty breathing. When paramedics responded, they found Judy's house to be in deplorable condition. The house was full of garbage, rotten food, feces, and insects. Judy was lying in a bed which was covered in feces and urine. When they attempted to move Judy, they discovered that her back was bonded to the bottom sheet. Judy had a cast on her right arm that was partially bonded to the skin of her arm. Judy has several deep and infected bed sores on her lower back/hip areas and by her right shoulder blade. When hospital staff removed Judy's socks layers of skin also came off with the socks. The last time that Judy had seen a doctor was over 7 years ago when she had her arm cast after a fall.

After spending several weeks in the hospital, the medical team has determined that Judy is well enough to be interviewed. They caution the investigative team to be patient with Judy, the team considers a multi-session interview.

Parties Involved

- Judy (Victim)
- Margaret (Judy's daughter/suspect)
- Ken (Margaret's boyfriend)
- Joseph (Judy's husband, deceased)
- Sue (Margaret's friend)

Role Player Guidelines

Character Skills:

- You have always been shy and socially awkward. Since the stroke you are even more so. You have always avoided initiating conversation or maintaining conversation with strangers. You answer questions in the shortest way possible. You can still effectively communicate but have slightly slurred speech. You have been very isolated for the past 9 years rarely seeing anyone but your daughter.
- You have little sense of the day of the week and date as nothing really changes day to day. You will struggle describing details and events in a chronological order. You can start to answer and then say, "I know this happened, but I can't tell you when" or "This happened a while ago" or "This happened not too long ago."

Introduction: Respond in a cooperative manner to the review of the interviewer's role, interviewing room, recording, etc.

Establishing Rapport: Respond to prompts asking to discuss your background. Some ideas are listed below. You can draw from personal experiences/knowledge to enhance the provided fact patterns.

Relationships:

- You were married for 22 years to Joseph. You were 24 when you got married.
- Joseph was one of your best friends' cousins. She had introduced you to him.
- You were married for three years when you had Margaret.
- Joseph worked in a papermill.
- When Margaret was in middle school, you became an office manager for a plumbing shop.
- Joseph was a heavy smoker and died from throat and lung cancer.
- He fought the cancers for five years. He had surgeries and went through chemotherapy.
- You felt lost after he passed. You were then only 46 years-old and Margaret was 19. You were deeply saddened by his death.

Case 5: Role Player Guidelines ctn.

Establishing Rapport ctn.:

Relationships ctn.:

- After Joseph died, you realized that you couldn't afford the house you lived in, so within two years of his death, you moved into a doublewide trailer on a small piece of property.
- Life was going okay until you had a stroke.

Interests:

- When Margaret was a young child, you and Joseph started going to this small motel located on a small lake.
- You would vacation there every summer for two weeks. You would usually go on the last week of July and the first week of August.
- There were always kids for Margaret to play with and you and Joseph could just kick back and relax.
- There were also plenty of things to do.
- You really enjoyed rowboat rides around the lake.
- As Joseph slowly rowed, you and he would talk and look at the beautiful homes that dotted the shoreline.
- Margaret would come with you and almost always fell asleep curled up on the front seat.
- You, Joseph, and Margaret still went there up until Joseph got sick.

Establishing Interview Guidelines: Respond in a cooperative manner to the review of interview instructions.

Establishing a Baseline: Respond to prompts asking to discuss a time you spent at the lake as listed below. You can draw from personal experiences/knowledge to enhance the provided fact patterns.

Last time at the Lake:

- The last time that you went, Margaret's friend Sue came with you.
- While on that trip Joseph decided to take you sailing on this sailboat.
- You think it was called a catamaran.
- Joseph had read a book about sailing and thought he could handle it.

Case 5: Role Player Guidelines ctn.

Establishing a Baseline ctn.:

- It was a warm sunny day with a gentle steady breeze blowing.
- You were expecting a nice ride and to get some quality sunbathing in.
- You made it out into the main part of the lake and were going back and forth from one side of the lake to the other.
- There was only the occasional small cotton ball cloud in the sky.
- After about thirty blissful minutes of gently bobbing across the small waves, the wind started to pick up.
- Joseph had seemed to get the operation of the boat down, but he was not an experienced sailor.
- The boat started moving faster and was kicking up spray as it broke through waves which were getting bigger. They were nothing like ocean waves but were getting big for this small lake.
- Joseph could control the speed of the boat by letting the sail out or pulling it in.
- You asked Joseph if he could get a pontoon to lift out of the water. He pulled the sail in tight as he could.
- The boat started to pick up speed and suddenly you heard a low-pitched humming sound coming from the mast and the poles that held the mast up.
- A few seconds later, the pontoon that you and Joseph were sitting over rose out of the water.
- You shrieked with excitement and a little fear. Joseph was surprised too.
- The pontoon continued rise higher and Joseph excitedly shouted, "Lean back, lean back!"
- Before you knew it both you and Joseph were flying through the air. You both landed on the sail and in the water.
- After making sure that each of you were okay, you both broke out in hysterical laughter.
- The sailboat was now floating on its side and you both did not know how to get it floating the way it was supposed to float.

Case 5: Role Player Guidelines ctn.

Establishing a Baseline ctn.:

- Joseph decided to swim around to the bottom side of the boat. He climbed up on the side of the pontoon that was in the water and reached up to the pontoon that was in the air. He pulled on that upper pontoon and the boat gently rolled back into the right position.
- You both climbed up and went back to sailing. Joseph kept the sail out, so you did not flip again.
- It took a while to get back to the motel beach. You got within 25 yards and decided to unhook the sail. As the sail flopped in the breeze, Joseph used one of the centerboards from a pontoon to paddle in. You manned the rudder to steer the boat.
- It was one of the most exhilarating experiences you ever had.

Check-In: When the interviewer checks in with you, appear anxious and ask questions about if your daughter is going to get into trouble. You are worried about where you are going to live and who might take care of you if she gets into trouble. After the interviewer has explored your concerns and provided reassurance, move past the barrier/block.

Transition to Allegations: You know why you are being interviewed. Go with the transition chosen by the interviewer. Additional information is included below to help you respond.

If **Open Invitation** used: When asked about the reason you are being interviewed respond with the following: "It's about my being sick."

If **Externally Verifiable Information** used: Respond accordingly to the known, factual information being presented by the interviewer. For example, "I understand that EMS/the police came to your house."

Case 5: Role Player Guidelines ctn.

Exploring Allegations: Initially provide a general overview of what occurred based on the following fact pattern. Then when asked for specific details regarding aspects of the incident, provide the more detailed information accordingly.

- You had a stroke many years ago (10) and you lost the use of your legs and arms.
- You spent months in rehabilitation after your stroke trying to get some use of your limbs back.
- You regained limited use of your left arm and hand. It was really hard to do things because you had been right-handed.
- You can feed yourself small pieces of food.
- When you were done with rehabilitation you went back home and had in-home nursing care.
- Several months after you completed rehabilitation, your daughter Margaret, had to move in with you around Easter because she had fallen on some hard times.
- Margaret promised to take care of you and said that the nursing care was no longer needed.
- For a while Margaret took decent care of you.
- She was good to you, and it was nice to have her living with you.
- Things then started to change after you broke your arm.
- Margaret was taking you for a shower.
- When she was transferring you from your wheelchair to your shower chair something happened, and you fell to the floor and landed on your arm.
- You think your foot had gotten caught up in the footrests and Margaret lost her grip on you as she was moving you sideways.
- Margaret took you to the hospital and the doctor cast your arm.
- This happened in early summer, like June or July.
- Since you couldn't get the cast wet Margaret stopped taking you to the shower and only gave you sponge baths a couple of times a week.
- Margaret still got you out of bed a couple of times a day to use the commode and would reposition you regularly.
- It was right before Christmas that year that Margaret hurt her back transferring you to the commode.

Case 5: Role Player Guidelines ctn.

Exploring Allegations ctn.:

- Margaret did not lift you or transfer you after that. She told you that she could not risk hurting herself again.
- Margaret started making you use a bedpan. You did not like using that.
- You had asked Margaret to take you to get the cast off. She said that she would cut it off after my arm was good and healed. She said that people like me needed extra time for their bones to heal.
- Eventually, you stopped asking about the cast.
- Margaret complained that her back still bothered her and that she needed something more than Tylenol.
- You think Margaret started using drugs, like pills and who knows what else.
- Margaret started dating this guy. You think his name was Ken. You only met him a couple of times and did not like him.
- You think that Ken got Margaret hooked on pills.
- Margaret started leaving the house for hours at a time. Then occasionally she would leave for the day or the evening and overnight.
- Margaret would leave water in a plastic glass that had a lid and a straw on the nightstand next to the bed.
- Margaret would leave snack food in a bowl on the nightstand too.
- You couldn't get the bedpan under you and sometimes you couldn't help it. You would urinate and defecate in the bed.
- Margaret would get upset with you when that happened and threaten not to feed you.
- Margaret put disposable pads on the bed, under your buttocks so you can go to the bathroom on that. This way she does not have to clean out the bedpan. She can just wipe your bottom and just roll everything up in the pad.
- Eventually Margaret stopped cleaning the sheets and bed. She said it was a waste of her time.
- Margaret had also stopped giving you sponge baths and washing your hair regularly. She gave you a buzz cut so your hair would not be such an issue.
- At first you did not like the idea of having that type of haircut, but it worked out since Margaret was not washing your hair regularly.

Case 5: Role Player Guidelines ctn.

Exploring Allegations ctn.:

- Margaret refused to get any nurses to take care of you and said you were so ungrateful and did not appreciate the sacrifices she has made for you.
- You just lay there all day and watch tv. No one visits.
- Margaret does not clean up around the house anymore. You try to be nice to Margaret, so she remembers to leave food and water on your nightstand.
- You wish that you would just die already. You thought that you were about to die because you were feeling so badly.
- You have been feeling pain around the top of your buttocks/lower back area. The upper right side of you back has been bothering you also.
- Over the last couple weeks, you developed a cough.
- You had the sweats and chills for two days which progressed into you having trouble catching your breath.
- You were gasping for breath for a few hours and thought you were going to die.
- You begged Margaret to call for help. That is why Margaret finally called 911 three days ago.
- EMS and the police showed up. They were not happy about your house.

Respectful Closure: Respond in a cooperative manner to closure of the interview. When asked how you are feeling after talking, respond that you are feeling okay and remind the interviewer that you are still worried about your daughter getting in trouble.

Instructor Case: 6
Kishan

Victim Information

Kishan is 78 years old. He was married for almost 50 years until his wife, Asha, died 6 years ago. They raised two children, Amit and Diya who live in neighboring towns and frequently visit with their father. Diya has a daughter, Simi who is very close to her grandfather. Kishan was a teacher his entire working life. He taught high school history and civics for decades at Western High School. About 4 years ago Kishan began to forget things—names, words, and where he left his keys. The family became concerned and brought Kishan to his doctor. The doctor conducted tests that led to a diagnosis of Alzheimer’s dementia. His family realized he could not live alone so they moved him into a care facility located near the family which can increase the level of care and supervision he requires as his disease progresses. The family visits frequently, especially his granddaughter Simi.

Case Referral

After living at the memory care facility for several months, Kishan began to talk about a big burly man who came into his room late at night and touched him “down there.” Late one night some weeks later, a female nursing assistant walked into the bathroom in Kishan’s room and saw a large male nursing assistant, with his penis in Kishan’s mouth. She reported the incident and called police.

Disclosure statement (for Pre-Assessment)

“It’s about the big burly man.”

Case 6: Initial Investigative Discoveries

Kishan had been reporting his victimization for months. The administrator and director of nursing at the facility dismissed Kishan's claims and his family's concerns, attributing Kishan's allegations to delusions caused by his dementia. Kishan's behavior at the facility changed. He did not want to leave his room, come to meals, or participate in activities. He tried to leave the facility several times but could not figure out the code to open the door. Kishan avoided all male staff and refused to allow them to bathe or change him. When his family visited, Kishan repeatedly told them that several nights a week this man would come into his room late at night. Each time the man led Kishan to his bathroom and while showering and shaving Kishan, he put his hands onto Kishan's crotch. Over the ensuing months Kishan continued to claim he was assaulted by the burly man. Kishan told Simi that one such incident occurred the previous night and pointed to his bathroom as he said, "It happened just in there." Kishan became upset and began to cry and shake. Simi tried to reassure him. Kishan turned red and then calmed himself saying, "I am not safe. But I care too much about our visits to let this spoil them. I guess this is what happens in a place like this." Simi reported the exchange to her family and the director of nursing. No action was taken to investigate the allegation or report to law enforcement. Action was not taken until weeks later when a nursing assistant walked in on a male staff, who was from another unit in the facility, performing oral sex on Kishan.

Parties Involved

- Kishan (Victim)
- Asha (Deceased wife)
- Amit (Son)
- Diya (Daughter, Simi's mother)
- Simi (Granddaughter)
- Thomas (Alleged offender)

Case 6: Role Player Guidelines

Character Skills:

- You have good verbal and social skills, so in a brief conversation you may appear less impaired than you really are. If asked a question you do not know the answer to, do not become angry or upset. Be relaxed and say, "I have no idea" or "that is not important" or "I am retired so days kind of roll together", or similar.
- If asked to describe things in linear or chronological order you cannot do that. You can start to answer and then say, "I'm not sure" or "I'm not clear about all that".

Introduction: Respond in a cooperative manner to the review of the interviewer's role, interviewing room, recording, etc.

Establishing Rapport: Respond to prompts asking to discuss your background. Some ideas are listed below. You can draw from personal experiences/knowledge to enhance the provided fact patterns.

General background

- You are a retired high school teacher.
- You are close to your grown children, Amit and Diya, who live in the next town.
- You adore your granddaughter, Simi, who was born on Valentine's Day, 1998. You love when Simi comes to visit.
- You can recall her birthday because she was born on Valentine's Day, which also happens to be the day you married Asha.
- You know the year she was born but cannot do the math to tell how old Simi is.
- You grew up in this community, went to the local state college where you earned your teaching degree and credential.
- You taught at Western High School for 35 years.
- You know that you have memory problems and the doctor said you have Alzheimer's dementia.
- You know it means you forget things and have some memory problems.
- You are living in a memory unit/assisted living because your family felt it was better than being home alone and because your kids wanted you to be safe.

Case 6: Role Player Guidelines ctn.

Establishing Rapport ctn.:

General background ctn.:

- You do not want to make your kids' lives harder than they are already.
- You are not sure how long you have lived at the facility.

Establishing Interview Guidelines: Respond in a cooperative manner to the review of interview instructions.

Establishing a Baseline:

Last visit with Simi:

- Simi was the last person in your family to visit you.
- You and Simi had lunch together.
- You believe Simi likes reading about history, American history. You recall talking to her about the Revolutionary War.
- Somehow the two of you talked about a family trip to Lake George in New York. You visited an old fort there. It had been turned into a museum.
- You remember the cannons going off over the lake and people making musket balls.
- People were dressed like people from the 1700's.

Check-In: When the interviewer checks in with you, ask questions about what is going to happen to you. You are concerned about having to stay in the facility with the man who was abusing you. You are really angry at the facility director and director of nursing who did nothing to help, even when you tried to tell them what happened. After the interviewer has explored your concerns and provided reassurance, move past the barrier/block by letting the interviewer know that you are glad that someone is listening and finally believes you.

Case 6: Role Player Guidelines ctn.

Transition to Allegations: You know why you are being interviewed. Go with the transition chosen by the interviewer. Additional information is included below to help you respond.

If **Open Invitation** used: When asked about the reason you are there to talk respond with the following: "It's about the big burly man."

If **Externally Verifiable Information** used: Respond accordingly to the known, factual information being presented by the interviewer. For example, "I understand that you told your granddaughter something."

Exploring Allegations: Initially provide a general overview of what occurred based on the following fact pattern. Additional information is included below to help you respond.

- You like your regular caregivers, Patty and Jessie, and think they take good care of you.
- You are grateful to the night nurse who found the burly man abusing you.
- You know that the burly man has abused you many times. You have no idea of exactly how many or the dates.
- You do not know the burly man and only saw him at the facility when he abused you.
- He has fondled you when you were undressed, kissed you on the lips, and put his penis in your mouth.
- You told staff or your family after most of the times you were abused.
- You did not like or want the man to touch you.
- You tried to push him off you or call for help but he put his hand over your mouth and had closed the bathroom door so no one could hear your calls.
- You do not recall the details of the incidents but can recall your emotions and feelings as things were done to you.
- You felt sick to your stomach and thought you would throw up when he kissed you.
- You smelled sweat and stale cigarettes when he came close to you, pulled down your shorts and grabbed your crotch.

Case 6: Role Player Guidelines ctn.

Exploring Allegations ctn.:

- When the burly man covered your mouth or put his penis in your mouth, you felt like you were going to die because you could not breathe.
- He always took you to a shower stall. Sometimes he would just run the water, sometimes he would shower you, sometimes he would shower and shave you.
- Sometimes he would touch and rub your penis, sometimes he would put your penis in his mouth before making you touch his penis or before he put his penis in your mouth.

First time:

- You recall the first time that he abused you. He woke you and took you to the bathroom. You had never seen him before, and he did not tell you, his name.
- He stood you in front of the toilet and pulled down your pajama bottoms and underwear to about your knees. He stood behind you and pulled you into him. As he held you tight to his body, he fondled your genitals. You were shocked and horrified. You couldn't speak or move.
- Nothing like this had ever happened before and you thought you had done something wrong to cause your abuse.
- The last time this happened he did what he always did. He woke you, took you to the bathroom and sat you in the shower chair.
- He put his hand on your forehead and pushed your head against the wall and held it there.
- He unzipped his pants and pulled out his penis. He said, "Open wide" and stuck his penis in your mouth. He started moving back and forth. You were gagging and gasping for air.
- Then the bathroom door opened, and you heard a woman shouting.
- He pulled his penis out of your mouth, zipped up his pants and left.

Respectful Closure: Respond in a cooperative manner to closure of the interview. When asked how you are feeling after talking, respond that you are feeling okay.

APPENDIX II

SAFE Instructions for Practicum Scoring

SAFE is a skill-building curriculum that includes a practicum component. This occurs on the final day of the course and consists of practice interviews. This process is pass/fail and requires participants to demonstrate understanding and incorporate skills taught throughout the course. The instructor will assess each participant utilizing the SAFE Interview Practicum Scoring Rubric below.

Each participant will have 25 minutes to complete an interview based on the scenario they are given. The instructor will assess each participant with the rubric below, this rubric is designed to capture elements of a forensic interview with flexibility for the participant to tailor the unique circumstances of the individual and scenario that they are provided.

There are different desired observable behaviors for each phase of the interview with specific areas of assessment for each (outlined in grey in the Scoring Rubric below) for which participants will be given a rating. The instructor will assess participants as outlined in the rubric with one of three ratings:

“E” – Excellent (participant was able to demonstrate without assistance)

“S” – Satisfactory (participant required redirection but made appropriate corrections)

“NI” – Needs Improvement (participant did not follow recommendations from the instructor during the practicum)

Once the instructor assesses the participant’s performance each phase of the interview, they will then check one of the three boxes (E, S, or NI). If the participant receives a rating of “NI” in four or more of the 16 assessment areas, this will be considered a failing rating. The purpose of this rubric is to determine the interviewer’s strengths and their ability to implement the skills taught in this course.

APPENDIX III
SAFE Instructor Practicum Scoring Rubric

Interviewer Name:

Reviewer Name:

Interview Date:

Establishing Rapport

Established a safe relationship with the individual.	E	S	NI	Comments
<ul style="list-style-type: none"> • Maintained non-judgmental, neutral, comfortable, caring posture and voice tone. • Oriented the individual with a simple, concrete, informative introduction. • Explained the interviewer’s role, the purpose of the interview, what would be documented, who was observing, and any relevant features of the room. • Responded to questions in an honest, legally defensible manner. 				
Was conversational while moving the interview along.	E	S	NI	Comments
<ul style="list-style-type: none"> • Used flow and purpose in explanations of role, room, observers, etc. • Offered an opportunity for the interviewee to demonstrate understanding and ask clarifying questions. 				

Establishing Interview Guidelines

Effectively transitioned to Interview Guidelines	E	S	NI	Comments
<ul style="list-style-type: none"> • Introduced guidelines in a concrete, simple, and informative way. • Covered all guidelines: <ul style="list-style-type: none"> ○ Don't know/don't guess ○ Don't understand ○ Correct me ○ Don't want to talk about it ○ Say it when you remember it 				
Was conversational while moving the interview along.	E	S	NI	Comments
<ul style="list-style-type: none"> • Made guidelines conversational while allowing time/opportunity for interviewee contributions. • Did not just list guidelines. • Maintained non-judgmental, neutral, comfortable, caring posture and voice tone. 				
Made a timely transition to the next steps of the interview once interview guidelines were completed.	E	S	NI	Comments
<ul style="list-style-type: none"> • Did not spend too little/too much time. • Was able to redirect the interviewee if the interviewee's attention was lost. 				

Establishing a Baseline

Achieved a thorough baseline.	E	S	NI	Comments
<ul style="list-style-type: none"> Invited a narrative event based on a topic presented by the interviewee or pre-interview considerations information. Asked appropriate follow-up questions to clarify the event and establish which question types the interviewee responded to. Did not interrupt interviewee. 				
Used open-ended prompts and episodic/event language.	E	S	NI	Comments
<ul style="list-style-type: none"> Introduced "Tell me about/tell me all about . . ." early in the interview to elicit free narrative. Followed up any closed-ended question (who, what, multiple choice, yes/no) with a free narrative question. 				
Made a timely transition to the next steps of the interview once rapport was built.	E	S	NI	Comments
<ul style="list-style-type: none"> Didn't spend too much or too little time. Followed pace set by interviewee 				
<p>If applicable: Utilized suggested strategies for overcoming barriers presented by the interviewee.</p> <p>Describe:</p>				

Check-In

Checked-in with interviewee	E	S	NI	Comments
<ul style="list-style-type: none"> • Utilized suggested strategies for checking in with the interviewee before moving on. 				
Overcame barriers in the interview.	E	S	NI	Comments
<ul style="list-style-type: none"> • Utilized suggested strategies for overcoming barriers presented by the interviewee. • Made appropriate supportive statements 				
Effectively transitioned to the Exploring Allegations.	E	S	NI	Comments
<ul style="list-style-type: none"> • Made a transition statement to indicate a new topic. <ul style="list-style-type: none"> ○ Example: “Now that I know more about you, what did you come to talk about today?” • Used simple, concrete language. • Used open-ended prompts and followed up on information given by the interviewee. 				

Transition to Allegations and Exploring Allegations

Effectively made transition to allegations.	E	S	NI	Comments
<ul style="list-style-type: none"> • Used simple, concrete language consistent with the individual’s baseline that was established during the rapport phase. • Used appropriate transition option based on case scenario and baseline development. 				
Exploring Allegations	E	S	NI	Comments
<ul style="list-style-type: none"> • Asked open invitation and free narrative questions to a general overview. • Followed up any focused/direct questions with an open-ended prompt. • Utilized the “ICE” technique: <ul style="list-style-type: none"> ○ Identify ○ Continue ○ Elicit 				
Additional considerations	E	S	NI	Comments
<ul style="list-style-type: none"> • Checked for multiple events/incidents. • Asked questions that accounted for polyvictimization concerns. • Addressed any conflicting statements. • Maintained non-judgmental, neutral, comfortable, caring posture and voice tone. 				

Closure

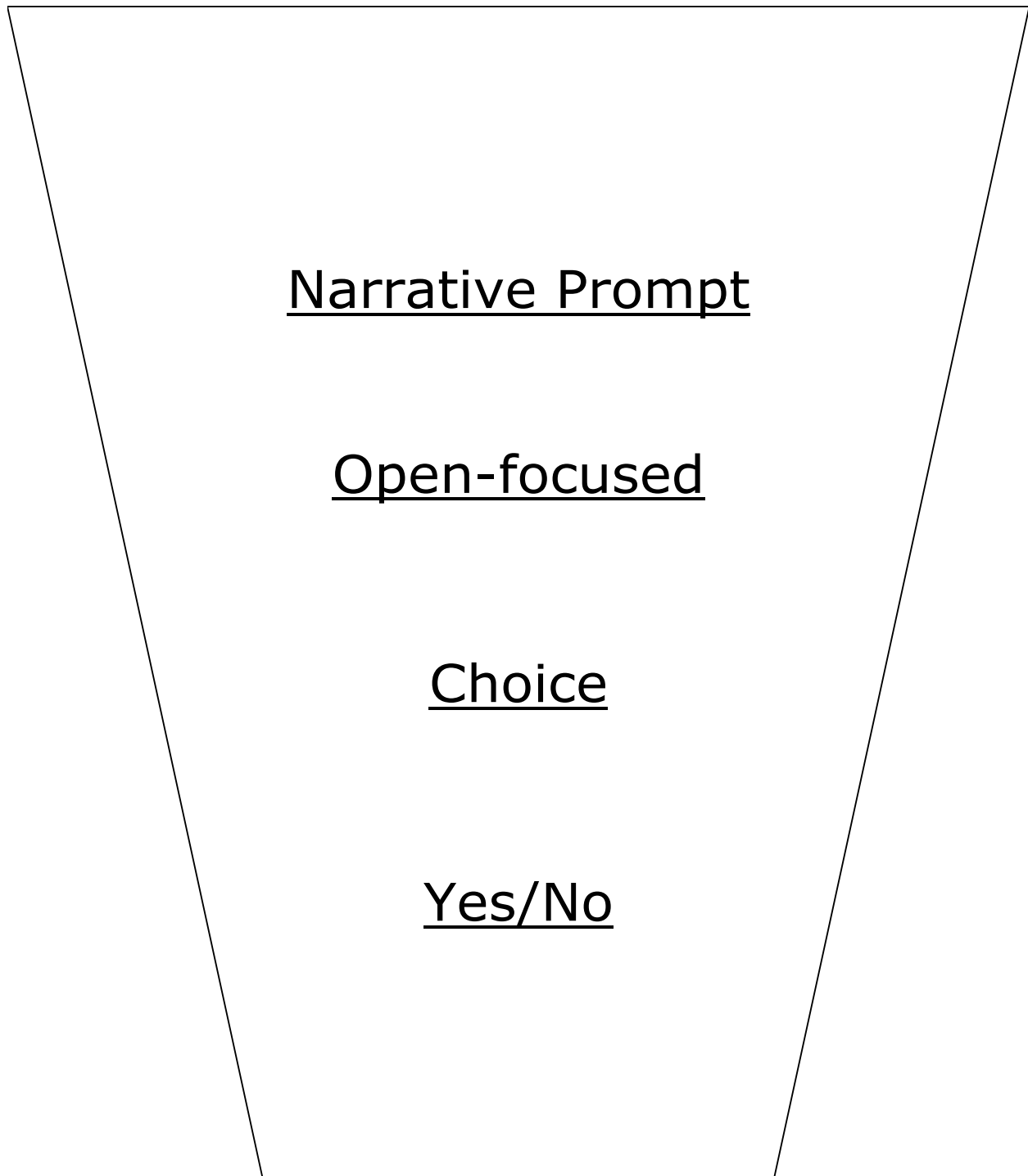
Effectively transitioned to closure.	E	S	NI	Comments
<ul style="list-style-type: none"> • Made a conversational transition to end the interview. • Used simple, concrete language consistent with the individual's baseline that was established during the rapport phase. • Offered reassurance as needed/appropriate in legally defensible ways. • Offered an opportunity to add any additional information. 				
Answered questions.	E	S	NI	Comments
<ul style="list-style-type: none"> • Offered an opportunity for the interviewee to ask questions. • Answered questions in an appropriate, sensitive, legally defensible, and non-blaming manner. 				
Ended respectfully.	E	S	NI	Comments
<ul style="list-style-type: none"> • Informed the interviewee of any next steps: • Thanked the interviewee for their time. • Maintained non-judgmental, neutral, comfortable, caring posture and voice tone. • Returned to a neutral topic. 				

Additional Comments:

Specific Strengths:

Suggested Improvement:

APPENDIX IV
Pre-Assessment Interview Mapping Funnel



Adapted Everson, M., Snider, S., & Rodriguez, S. (2020). Taking AIM: Advanced interview mapping for child forensic interviewers. *APSAC Advisor, The American Professional Society on the Abuse of Children, 32(2)*, 72-91.

APPENDIX V

Pre-Interview Considerations Checklists

When preparing for a forensic interview with an older adult, it is important to gather information from caregivers, and/or service providers (family members, staff members, care providers, etc.) or the individual themselves to learn more about how that older adult communicates. These conversations should happen before every interview if possible and appropriate. If a caregiver is available and the team does not have any concerns about the caregiver being involved with abuse or neglect at the time, they should utilize the “Caregiver-Reported Pre-Interview Considerations Checklist” to gather some additional information. There may be some instances when gathering information from a caregiver would cause potential danger to the older adult, in that case, interviewers and teams should always ensure that safety is paramount.

In general, older adults should be informed of the purpose of the interview. If the older adult being interviewed is able to answer questions for themselves, interviewers may utilize the “Self-Reported Pre-Interview Considerations Checklist” to gather some additional information.

These checklists are intended for interviewers to ask every question listed, rather as a set of prompts to consider when gathering information about how the older adult communicates.

Caregiver Reported Pre-Interview Considerations Checklist

Examples of Prompts:

Communication:

- ✓ How does the interviewee communicate?
- ✓ How do they get needs met?
- ✓ Do they understand what is being said to them?
 - If so, how do you know?
 - Do they correct you if you say something wrong?
 - If so, what do they do?
- ✓ Are there times that they are forgetful?
 - If yes, tell me about a time.
- ✓ Does the interviewee require an interpreter?
 - If yes, for what language (e.g., ASL, tactile, pro-tactile, etc.)?
 - What are the interviewee's interpreter preferences?

Daily Life:

- ✓ What are some potential topics to discuss with them to build rapport?
 - What activities do they enjoy?
 - How do they typically spend their day?
 - Have they gone to any recent events or done anything exciting that they might want to share?
- ✓ What is their level of independence with activities of daily living?
 - Do they need assistance with bathing? Toileting? Dressing?
Other?
- ✓ What are the mobility needs of the interviewee and/or caregiver?
- ✓ What is the best time of day to conduct an interview? Worst time of day?
- ✓ Does the individual take any medications?
 - If yes, were they taken today?
 - Are there any side effects?
 - How long have they been taking medications?
 - Are they taking medication consistently?
- ✓ Do they have a safety plan?

Accommodations:

- ✓ What sensory needs does the interviewee have?
 - Do they have any comfort items (fidgets, blankets, personal items)?
 - Do they have any sensory defensiveness (Smells, sounds, volume, textures, etc.)?
- ✓ Does the interviewee have any comfort items (fidgets, weighted blankets, personal items)?
- ✓ What other conditions does the interviewee have?
 - Do they have any comorbidities?
 - Do they have any diagnoses?
- ✓ What is the interviewee's trauma history?
 - What are their triggers, and how do you overcome them?
 - If they shut down, what is the best way to respond?
- ✓ What are their triggers, and how do you overcome them?
- ✓ If interviewee shuts down, what is the best way to respond?
- ✓ How do you help the interviewee respond to new situations?

Informed Consent:

- ✓ Explain the use of interview aids (pictures, diagrams, drawing, dolls, etc.).
- ✓ Provide video recording notification and obtain consent.
- ✓ Do they know the reason for the interview?
- ✓ What were they told about the interview?

Self-Reported Pre-Interview Considerations Checklist

Communication:

- ✓ What is your preferred language?
- ✓ Do you prefer to use an interpreter?
 - If yes, for what language (e.g., ASL, tactile, pro-tactile, etc.)?

Daily Life:

- ✓ What is the best time of day to talk with me?
- ✓ Does anyone come help you during the week?
 - If yes, who and how often?
- ✓ Are you currently taking any medications?
 - If yes, were they taken today?
 - Are there any side effects?
 - How long have you been taking these medications?
 - Are you able to take them consistently?
- ✓ What are some activities that you enjoy?
- ✓ How do you typically spend your day?
- ✓ Have you done anything lately that you enjoyed that you would like to share with me?

Accommodations:

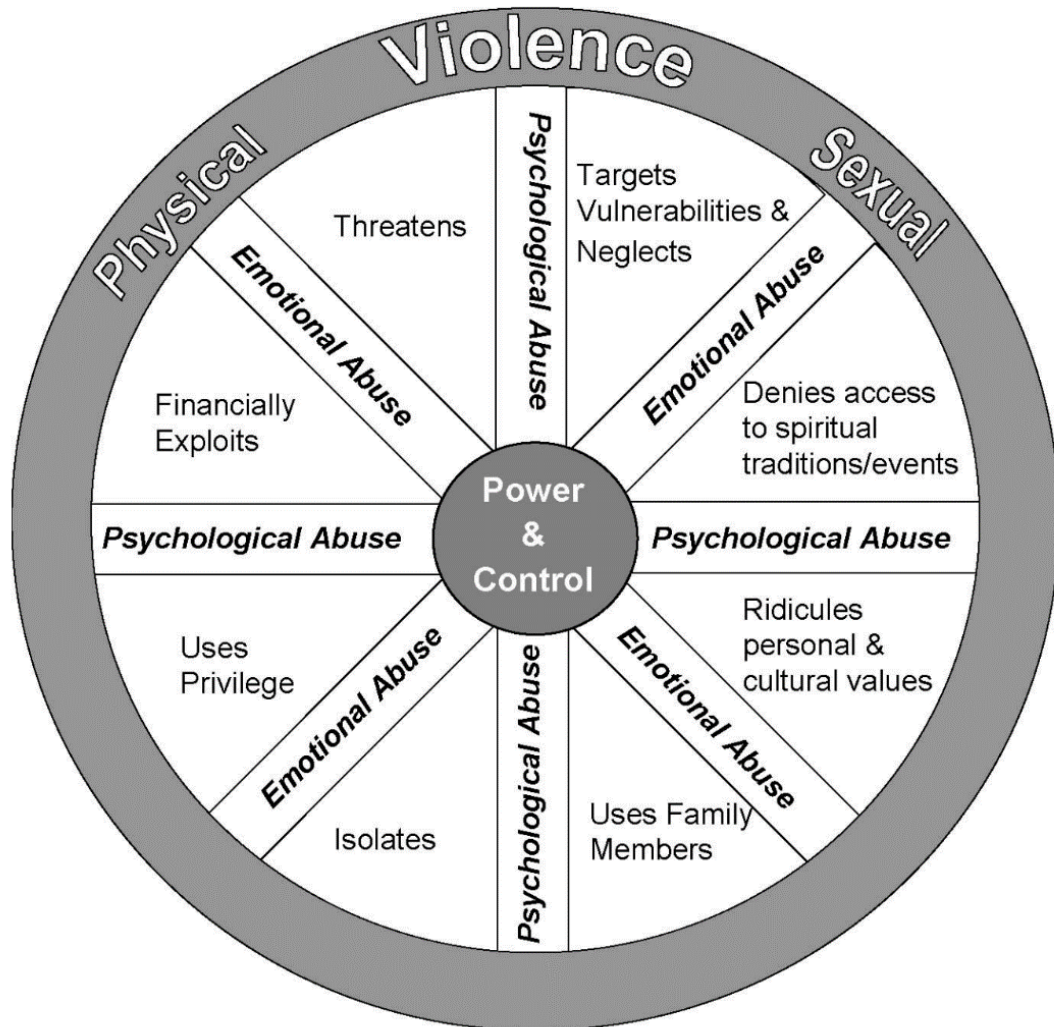
- ✓ Do you require any accommodations to come to our building?
- ✓ Where would you prefer to have a conversation with me?
- ✓ Is there anything you can think of that would make you more comfortable during our conversation?

Informed Consent:

- ✓ Do you have any questions about my job?
- ✓ Do you have any questions about the interview?
- ✓ Is there anything you would like me to know about you that I haven't thought to ask?

APPENDIX VI
Power and Control Wheel

Abuse in Later Life Wheel



APPENDIX VII

Elder Abuse Terms Defined

Term	Definition	Additional Information
<u>Guardianship/Conservatorship</u>	<p>Person or company appointed by a court to make decisions on behalf of a person who is lacks decision making capacity</p>	<ul style="list-style-type: none"> • Authority to make personal and/or financial decisions for a person found by a judge or jury to lack capacity to make those decisions • Different jurisdictions may call the appointed person a guardian or a conservator • Court issues letter or orders describing the decisions the guardian or conservator may make. • Authority may be limited or plenary (full power) • Court monitors acts of guardian or conservator to extent provided for by local laws. • Guardian or conservator is a fiduciary so they must act "in a totally trustworthy manner and make decisions that are consistent with decisions that the incapacitated person made before losing decision-making capacity or that are in the incapacitated person's best interest." (Stiegel, 2014, at p. 23) • Misuse of authority may be a crime, usually a form of financial abuse or financial crime

<p><u>Powers of Attorney (POA)</u></p>	<p>A legal document in which a person with capacity (called the principal) gives authority to another person (called the agent or attorney-in-fact) to act for the principal</p>	<ul style="list-style-type: none"> • Not created by a court; not monitored by a court • Principal must have decision-making capacity when creating the POA • Principal can revoke the POA or change agents as long as has decision-making capacity • Principal is fiduciary so must act “in a totally trustworthy manner and make decisions that are consistent with decisions that the incapacitated person made before losing decision-making capacity or that are in the incapacitated person’s best interest.” (Stiegel, 2014, at p 35) • POAs terminate with the death of the principal unless revoked • “Durable POAs” allow the agent to act on behalf of the principal after the principal loses decision-making capacity • Misuse of authority under a POA can be a crime, often a form of financial elder abuse or financial crime
--	--	---

<p><u>Health Care Power of Attorney, Health Care Proxy, and Living Will</u></p>	<p>Advanced directive providing directions regarding the principal's health care once that person is unable to make or express those decisions</p>	<ul style="list-style-type: none"> • Health care POA or proxy allows principal to appoint someone else (called the proxy or agent or attorney in fact) to make health care decisions for them • Living will instructs the proxy or other decision-maker such as a guardian or conservator or health care provider about the kind of care, including end of life or emergency treatment the principal wants or does not want • Principal must have decision-making capacity to make an advanced directive • Misuse of health care proxy/POA may be a crime such as elder abuse, neglect, and financial crimes
---	--	--

APPENDIX VIII

SCAMS

Health Insurance Scams: There are health insurance scams that speak to the older adult via phone, email, or at the door requesting personal information from the older adult due to a problem with their insurance. The common information requested is name, address, date of birth, and social security numbers.

IRS Scams: An IRS scam happens when someone pretends to be the IRS, typically on the phone. The common information requested is name, address, date of birth, social security numbers and bank account information.

Pigeon Drops: Scams that request the older adult send the perpetrator a “smaller” sum of money needed to help the perpetrator deposit a larger inheritance. The older adult is usually promised half or other amount of the inheritance for helping, which never happens.

Other scams are seen below (justice.gov, n.d.):

- Telemarketing
- The Fake Accident Scenario
- Robocalls (used to get the older adult to say yes to gain access to their personal accounts)
- Charity Scams
- Internet Fraud
- Tech or Computer Support Scams
- Lottery and Fake Prizes Scams
- Counterfeit Prescription Medication Scams pretending to sell cheaper drug alternatives
- Fake Anti-Aging Scams - the pressure of feeling younger with fake serums and drugs to remain youthful
- The “Grandparent Scam”
- Investment Schemes
- Mortgage Scams - apply for a fake lowered mortgage

- Funeral Fraud meant to take advantage of grieving widows and widowers
- Fake Magazine Scams

REFERENCES

References

Abuse and Relationships (n.d.) Grooming. Retrieved March 26, 2021, from <https://www.abuseandrelationships.org/content/behaviors/grooming.html>

Acierno, R., Hernandez, M., Amstadter, A., Resnick, H., Steve, K., Muzzy, W., & Kilpatrick, D. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. *American Journal of Public Health, 100*(2), 292–297.

Administration for Community Living (2020). Profile of Older Americans. Available at: <https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2020ProfileOlderAmericans.Final.pdf>

Aequitas (2017). The Prosecutor's Resource on Elder Abuse, at p. 16, Available at <https://aequitasresource.org/wp-content/uploads/2018/09/Prosecutors-Resource-on-Elder-Abuse.pdf>

Allison, M., & Brimacombe, C. (2014). A credible crime report? Communication and perceived credibility of elderly eyewitnesses. In *The elderly eyewitness in court* (pp. 303–321). United Kingdom: Psychology Press.

Alzheimer's Association (2021). 2021 Alzheimer's Disease Facts and Figures. <https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf>

Amendola, K., Slipka, M., Hamilton, E., & Whitman, J. (2010). The course of domestic abuse among Chicago's elderly: Protective Behaviors, Risk Factors, and Police Intervention. Retrieved May 16, 2021, from <https://www.ojp.gov/pdffiles1/nij/grants/232623.pdf>

American Bar Association and American Psychological Association (2005) *Assessment of Older Adults with Diminished Capacity: A Handbook for Lawyers*, available at <http://www.apa.org/pi/aging/resources/guides/diminished-capacity.pdf>

Anetzberger, G. (1998). Psychological Abuse and Neglect: A Cross-Cultural Concern to Older Americans in Understanding and Combating Elder Abuse in Minority Communities, 141-151.

Bodenheimer, D. (2016). Real World Clinical Social Work: Find Your Voice and Find Your Way. Harrisburg, PA: New Social Worker Press.

Bonnie, R., & Wallace, R. (2013). Elder Abuse and Neglect, Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America. Washington, DC: National Academies Press.

Brandl, B, Dyer, C., Heisler, C., Otto, J., Stiegel, L., & Thomas, R. (2007) Elder Abuse Detection and Intervention: A Collaborative Approach. New York, NY: Springer Publications.

Brandl, B., Heisler, C. & Stiegel, L. (2005). The Parallels Between Undue Influence, Domestic Violence, Stalking, and Sexual Assault. *Journal of Elder Abuse & Neglect*, 17(3), 37-52.

Broyles, K. (2000). The silenced voice speaks out: A study of abuse and neglect of nursing home residents. Atlanta, GA: A report from the Atlanta Long Term Care Ombudsman Program and Atlanta Legal Aid Society to the National Citizens Coalition for Nursing Home Reform.

Brubacher, S., & Powell, M. (2019). Best-practice interviewing spans many contexts. *Journal of Applied Research in Memory and Cognition*, 8(4), 398-402.

Burnett, J., Dyer, C., Booker, J., Flores, D., Green, C., & Diamond, P. (2014). Community-Based Risk Assessment of Elder Mistreatment and Self-Neglect: Evidence of Construct Validity and Measurement Invariance Across Gender and Ethnicity. *Journal of the Society for Social Work and Research*, 5(3), doi: 10.1086/677654

Burnight, K. & Mosqueda, L. (2011). Theoretical Model Development in Elder Mistreatment. Available at <https://www.ncjrs.gov/pdffiles1/nij/grants/234488.pdf>

California Welfare and Institutions Code Section 15610.70

Cassel, W., Roebbers, C., & Bjorklund, D. (1996). Developmental patterns of eyewitness responses to repeated and increasingly suggestive questions. *Journal of Experimental Child Psychology*, 61(2), 116–133.

Centers for Disease Control and Prevention (2020). Violence prevention: Elder abuse. Retrieved March 30, 2021, from <https://www.cdc.gov/violenceprevention/elderabuse/index.html>

Centers for Medicare and Medicaid Services (2001). Appropriateness of Minimum Nurse Staff Ratios in Nursing Homes, Phase II Final Report.

Chapin, R., Nelson–Becker, H., MacMillan, K., & Sellon, A. (2016). Strengths–based and solution–focused practice with older adults: New applications. In D. B. Kaplan & B. Berkman (Eds.), *The Oxford handbook of social work in health and aging* (p. 63–71). Oxford University Press.

Chen R., & Dong X. (2017) Risk Factors of Elder Abuse. In: Dong X. (eds) *Elder Abuse*. New York, NY: Springer Publications.

Colello, K., Congressional Research Service, *The Elder Justice Act: Background and Issues for Congress* (2014) (citing Marie–Therese Connolly et al., *The Elder Justice Roadmap: A Stakeholder Initiative to Respond to an Emerging Health, Justice, Financial and Social Crisis* 24 (2014) Concern, What Regulators are Doing About It, and Looking Ahead”, US Securities and Exchange Commission <https://www.sec.gov/files/elder-financial-exploitation.pdf>

Connelly, M, Brandl, B., & Breckman, R. (2014). *The Elder Justice Roadmap. A stakeholder initiative to respond to an emerging health, justice, financial and social crisis*. Retrieved March 30, 2021, from: http://ncea.acl.gov/Library/Gov_Report/docs/EJRP_Roadmap.pdf

Curran, L. (2013). 101 Trauma-informed interventions: Activities, exercises, and assignments to move the client and therapy forward. Eau Claire, WI: Premier Publishing Media.

Daly, J. (2017). Elder abuse in long term care and assisted living settings. In: Dong X. (eds) Elder Abuse. New York, NY: Springer Publications.

Deane, S. (2018). Elder Financial Exploitation: Why It is a Concern, What Regulators are Doing About It, and Looking Ahead. US and Exchange Commission, at p. 4, available at <https://www.sec.gov/files/elder-financial-exploitation.pdf>

Deliema, M. & Conrad, K. (2017). Financial Exploitation of Older Adults. In: Dong X. (eds) Elder Abuse. New York, NY: Springer Publications.

Dimah & Dimah, (2003). Elder Abuse and Neglect Among Rural and Urban Women. *Journal of Elder Abuse and Neglect*, 15(1), 75–93.

Domestic Abuse Intervention Program (n.d.). What is the Duluth Model?. Retrieved March 24, 2021, from <https://www.theduluthmodel.org/>

Dong, X., Chen, R., & Simon, M. (2014). Elder Abuse and Dementia: A Review of the Research and Health Policy. *Health Affairs*, 33(4), 642–649.

Dong, X. & Simon, M. (2013). Elder Abuse as a Risk Factor for Hospitalization in Older Persons. *JAMA Internal Medicine*, 173(10), 911–17.

Dyer C. (2000). The High Prevalence of Depression and Dementia in Elder Abuse or Neglect. *Journal of the American Geriatrics Society*, 48(2), 205–208.

Dyer C., Connolly M., & McFeeley P. (2003). The clinical and medical forensics of elder abuse and neglect. In: Bonnie RJ, Wallace RB, editors. Elder mistreatment: abuse, neglect, and exploitation in an aging America. Washington, DC: National Academies Press.

Dyer C., Goodwin J., & Vogel M. (2007). Characterizing Self-Neglect: A Report of Over 500 Cases of Self-Neglect Seen by A Geriatric Medicine Team. *American Journal of Public Health, 97*, 1671–1676.

Dyer, C., Pickens, S. & Burnett, J. (2007). Vulnerable Adults: When It is No Longer Safe to Live Alone, *Journal of the American Medical Association (JAMA), 298*, 1448–1450.

Everson, M., Snider, S., Rodriguez, S. (2020). Taking AIM: Advanced interview mapping for child forensic interviewers. *APSAC Advisor, 32(2)*, 72–91.

Falk, E., & Hoffman, N. (2014). The Role of Capacity Assessments in Elder Abuse Investigations and Guardianships. *Clinics in Geriatric Medicine 30(4)*, 851– 861.

Friedman, S., Avila, S., Tanouye, K., & Joseph, K. (2011). A Case Control Study of Severe Physical Abuse of the Elderly. *Journal of the American Geriatrics Society, 59(3)*, 417–422.

Geiselman, R., & Fisher, R. (2014). Interviewing witnesses and victims. In Yves, M. (Ed.), *Investigative Interviewing: Handbook of Best Practices*. Toronto: Thomson Reuters Publishers.

Gilgun, J. (2005). Evidence-based practice, descriptive research, and the resilience-schema-gender-brain (rsgb) functioning assessment. *British Journal of Social Work, 35(6)*: 843–862.

Gorbien, M., & Eisenstein, A. (2005). Elder Abuse and Neglect: An Overview. *Clinics in Geriatric Medicine, 21(2)* 279–292.

Government Accountability Office -
<https://www.gao.gov/assets/690/681304.pdf>

Harrell, E. (2017). *Crime Against Persons with Disabilities 2009–2015*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.

Hawes, C. (2003). Elder abuse in residential long-term care settings: what is known and what information is needed? In Bonnie, R. J. and Wallace, R. B. (eds), *Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America*. Washington, DC: National Academies Press.

Hearing before the Senate Special Committee on Aging on Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation, testimony of Marie-Therese Connolly, Senior Scholar at the Woodrow Wilson International Center for Scholars, and the Director of Life Long Justice (2011)
<http://www.aging.senate.gov/imo/media/doc/hr230mc.pdf>

Heisler, C. (2017). *Elder Abuse Forensics: The Intersection of Law and Science*. In: Dong X. (eds) *Elder Abuse*. New York, NY: Springer Publications.

Heisler, C. (2007). *Elder Abuse in Victims of Crime*, 3rd Edition. In Davis et al. Eds. 161-188.

Hines, D. (2018). Forcing anatomy and physiology on you. Force Science Institute Certification Course presented at NYS Police Academy, Albany NY.

Holmes T., & Rahe R. (1967). The social readjustment rating scale. *Journal of Psychosomatic Research*, 11(2): 213-218.

Holt, M. (1993). Elder Sexual Assault in Britain: Preliminary Findings, *Journal of Elder Abuse & Neglect*, 5(2), 63-71.

Hyer, L., & Scott, C. (2014). Psychological problems at late life: Holistic care with treatment modules. In *Handbook of Clinical Psychology in Medical Settings* (pp. 261-290). New York, NY: Springer Publications.

Institute of Medicine (2015). *Cognitive Aging: Progress in Understanding and Opportunities for Action*, Washington, DC: The National Academies Press.

Kendall-Tackett, K. (2013). *Treating the lifetime health effects of childhood victimization*. Kingston, NJ: Civil Research Institute.

Kolk, Bessel van der. (2015). *The body keeps the score: Brain, mind and body in the healing of trauma*. New York, NY: Penguin Books.

Kosberg, J. & Nahmiash, D. (1996) Characteristics of Victims and Perpetrators and Milieus of Abuse and Neglect in Abuse, Neglect, and Exploitation of Older Persons: Strategies for Assessment and Intervention. In Baumhover & Beall, Eds., pp. 31-49.

Lee Y., Moon, A., & Gomez, C. (2014). Elder Mistreatment, Culture, and Help-Seeking: A Cross-Cultural Comparison of Older Chinese and Korean Immigrants. *Journal of Elder Abuse & Neglect*, 26(3), 244-269.

Lin, F., Metter, E., O'Brien, R., Resnick, S., Zonderman, A., & Ferrucci, L. (2011). *Hearing Loss and Incident Dementia*: American Medical Association.

Litton, L., & Ybanez, V. (2015) Reclaiming What is Sacred: Addressing Harm to Indigenous Elders, Developing a Tribal Response to Abuse in Later Life, National Clearing house on Abuse in Later Life, available at <https://safehousingpartnerships.org/sites/default/files/2017-01/TLS-FINAL.pdf>

Lusardi, A. (2012). Financial Literacy and Financial Decision-Making in Older Adults. *Generations*, 36(2), 25-31.

Marson, D., Heber, K., & Solomon, A. (2011). Assessing Civil Competencies in Older Adults with Dementia: Consent Capacity, Financial Capacity, and Testamentary Capacity. (In Larrabee, G.J., Ed, 401-437) *Forensic Neuropathology: A Scientific Approach*, 2d Ed, New York: Oxford University Press.

Mayo Clinic, nd, Frontotemporal Dementia, retrieved May 14, 2021, from <https://www.mayoclinic.org/diseases-conditions/frontotemporal-dementia/symptoms-causes/syc-20354737>

Mayo Clinic, nd, Vascular Dementia, online, retrieved May 14, 2021, from <https://www.mayoclinic.org/diseases-conditions/vascular-dementia/symptoms-causes/syc-20378793>

McGee, L. (2019). Adult Protective Services Technical Assistance Resource Center (APS TARC). Highlights from the Adult Maltreatment Report 2018, available at <https://apstarc.acl.gov/APS-Blog/December-30,-2019.aspx>

McNeal, M., & Brown, M., (2019). Elder Restorative Justice. *Cardoza Journal of Conflict Resolution*, 21, 91-144

Memon, A., Gabbert, F., & Hope, L. (2013). The ageing eyewitness. In J. Adler, *Forensic psychology: Concepts, debates, and practice*, (pp. 96-112). United Kingdom: Willan Publishing.

Mitchell, K., Johnson, M., & Mather, M. (2003). Source monitoring and suggestibility to misinformation: Adult age-related differences. *Applied Cognitive Psychology*, 17(1), 107-119.

Moskowitz, S. (2002). Adult Children and Indigent Parents: Intergenerational Responsibilities in International Perspective. *Marquette Law Review*, 86(3), 401.

Naik, A., Lai, J., Kunik, M., Dyer, C. (2008) Assessing Capacity in Suspected Cases of Self-Neglect. *Geriatric*, 63, 24-31.

Natan, M., & Lowenstein, A. (2010). Study of factors that affect abuse of older people in nursing homes. *Nursing Management*, 17(8), 20-24.

National Center on Elder Abuse (2017). Abuse of Residents of Long-Term Care Facilities, Research Brief. Available at http://www.ncea.aoa.gov/resources/publication/docs/ncea_itcf_researchbrief_2013.pdf; See also Daly, J.M. (2017) "Elder Abuse in Long Term Care and Assisted Living Settings, In (X. Dong, Ed.) *Elder Abuse: Research, Practice and Policy*, Springer Internatl. Publ, 67-91

National Center on Elder Abuse (2012). Research Brief: Long Term Care Facilities. Available at [https://ncea.acl.gov/NCEA/media/docs/Abuse-of-Residents-of-Long-Term-Care-Facilities-\(2012\)_1.pdf](https://ncea.acl.gov/NCEA/media/docs/Abuse-of-Residents-of-Long-Term-Care-Facilities-(2012)_1.pdf)

National Center on Elder Abuse, Prevalence, Research, Statistics and Data. Available at <https://ncea.acl.gov/What-We-Do/Research/Statistics-and-Data.aspx#prevalence>

National Center on Elder Abuse, Research Brief: Ageism. Available at https://ncea.acl.gov/NCEA/media/Publication/NCEA_RB_Ageism.pdf

National Council for Behavioral Health. (Producer). (2016). *Trauma-informed clinical best practices: Implications for the clinical and peer work force* [Video webinar]. Retrieved from <https://www.thenationalcouncil.org/events-and-training/webinars/>

National Institute of Justice (2013). Practice profile: Interventions for domestic violence offenders. Retrieved March 26, 2021, from <https://www.crimesolutions.ojdp.gov/relatedpractices/17#ptd>

National Institute on Aging (2020) How the Aging Brain Affects Thinking, NIH, retrieved on May 14, 2021 from <https://www.nia.nih.gov/health/how-aging-brain-affects-thinking>

National Institute on Aging (2017). NIH Parkinson's Disease. Retrieved from <https://www.nia.nih.gov/health/parkinsons-disease>

National Research Council (2003). Elder mistreatment: Abuse, neglect, and exploitation in an aging America. Washington, DC: The National Academies Press. <https://doi.org/10.17226/10406>.

NBC4i.com - <https://www.nbc4i.com/news/local-news/76-year-old-woman-receives-possible-human-trafficking-harassment-phone-calls/>

New Yorker - <https://www.newyorker.com/magazine/2017/10/09/how-the-elderly-lose-their-rights>

Oxburgh, G., Myklebust, T., & Grant, T. (2010). The question of question types in police interviews: a review of the literature from a psychological and linguistic perspective. *International Journal of Speech, Language & the Law*, 17(1).

Parkinson's Foundation, nd, Cognitive Changes, retrieved May 14, 2021 from <https://www.parkinson.org/Understanding-Parkinsons/Symptoms/Non-Movement-Symptoms/Cognitive-Changes>

Pillemer & Bachman-Prehn (1991). Helping and Hurting: Predictors of Maltreatment of Patients in Nursing Homes. *Research on Aging, 13*, 74-95.

Pillemer & Finkelhor (1988). The Prevalence of Elder Abuse: A Random Survey Sample. *The Gerontologist, 28*(10), 51-58.

Pillemer & Moore (1989). Abuse of Patients in Nursing Homes: Findings from a Survey of Staff. *The Gerontologist, 29*(3), 314-320.

Poole, D., & White, L. (1991). Effects of question repetition on the eyewitness testimony of children and adults. *Developmental Psychology, 27*(6), 975.

Quinn, M. (1998) Undue influence: An emotional con game, *Aging Today, 19*(6), 9-11.

Ramsey-Klawnsnik, H. (2017). Older Adults Affected by Polyvictimization: A Review of the Early Research. *Journal of Elder Abuse & Neglect, 29*(5), 299-312.

Ramsey-Klawnsnik, H. (2003). Elder Sexual Abuse Within the Family. *Journal of Elder Abuse & Neglect, 15*(1), 43-58.

Ramsey-Klawnsnik, H. (1996). Assessing Physical and Sexual Abuse in Health Care Settings. In (L. A. Baumhover & S. C. Beall, Eds.), *Abuse, Neglect, and Exploitation of Older Persons: Strategies for Assessment and Intervention*, Baltimore, MD: Health Professions Press.

Ramsey-Klawnsnik, H. (1991), Elder Sexual Abuse: Preliminary Findings. *Journal of Elder Abuse & Neglect, 3*(3), 73-90.

Ramsey-Klawnsnik, H., & Heisler, C. (2014). *Polyvictimization in Later Life. Victimization of the Elderly and Disabled*. Kingston, NJ: Civic Research Institute.

Ramsey-Klawnsnik, H., Teaster, P., Mendiando, M., Marcum, J., & Abner, E. (2008). Sexual Predators Who Target Elders: Findings from The First National Study of Sexual Abuse in Care Facilities. *Journal of Elder Abuse & Neglect*, 20(4), 353-376.

Rosay, A., & Mulford, C. (2017). Prevalence estimates and correlates of elder abuse in the United States: The national intimate partner and sexual violence survey. *Journal of Elder Abuse & Neglect*, 29(1), 1-14.

Rosen, T., Pillemer, K., and Lachs, M. (2008). Resident-to-Resident Aggression in Long-Term Care Facilities: An Understudied Problem. *Aggressive Violent Behavior*, 13(2), 77-87.

Shepherd, B., & Brochu, P. (2021). How Do Stereotypes Harm Older Adults? A Theoretical Explanation for the Perpetration of Elder Abuse and Its Rise. *Aggression and Violent Behavior*, 57(101435).

Social Care Institute for Excellence (2020). Dementia. Retrived May 14, 2021, from <https://www.scie.org.uk/dementia/after-diagnosis/communication/behaviour.asp>

Starsser, S., Smith, M., Weaver, S., Zheng, S., & Cao, Y. (2013). Screening for Elder Mistreatment in Older Adults Seeking Legal Assistance Services. *Western Journal of Emergency Medicine*, 14(4), 309-15

Stiegel, L. (2014). Legal Issues Related to Elder Abuse: A Pocket Guide for Law Enforcement. American Bar Association, Commission on Law and Aging.

Storey, J., (2019). Risk Factors for Elder Abuse and Neglect: A Review of the Literature, *Aggression and Violent Behavior*, 50:101339.

Tangalos E., & Petersen R. (2018). Mild Cognitive Impairment in Geriatrics. *Clinics in Geriatric Medicine*, 34(4):563-589.

Teaster, P., Dugar, D., Tyler A., Mendiando, M., Abner, E., & Cecil, K. (2006). The 2004 Survey of State Adult Protective Services: Abuse of Adults 60 Years of Age and Older. A Report of the National Center on Elder Abuse Prepared by The

National Committee for the Prevention of Elder Abuse and The National Adult Protective Services Association.

Trafficking Victims Protection Act <https://www.govinfo.gov/content/pkg/BILLS-106hr3244enr/pdf/BILLS-106hr3244enr.pdf>

Twomey, M. (2018). Breaking the Silence on Older Caregivers and Abuse. *Generations*, 42(3), 71-76.

United Nations Office of Drug and Crime -
<https://www.unodc.org/unodc/en/human-Trafficking/Human-Trafficking.html>

US Government Accountability Office (2002). Nursing Homes: More Can Be Done to Prevent Abuse (GAO Publication GAO-02-312). Available at <http://www.gao.gov/new/items/d02312.pdf>

US Department of Justice, Elder Justice Initiative. Get the Facts About Elder Abuse. Available at <https://www.justice.gov/elderjustice/file/926421/download>

Wiglesworth, A., Austin, R., Corona, M., Schneider, D., Liao, S., Gibbs, L., & Mosqueda, L. (2009). Bruising as a marker of physical elder abuse. *Journal of the American Geriatrics Society*, 57(7):1191-6.

Wiglesworth, A., & Mosqueda, L. (2009). People with Dementia as Witnesses to Emotional Events. Final report submitted to the National Institute of Justice (Doc. No. 234132). Available at <https://www.ojp.gov/pdffiles1/nij/grants/234132.pdf>

Wiglesworth, A., Mosqueda, L., Mulnard, R., & Liao, S. (2010). Screening for Abuse and Neglect of People with Dementia. *Journal of the American Geriatric Society*, 58(3), 493-500.

World Health Organization (n.d.) Aging and life-course: Elder abuse. Available at https://www.who.int/ageing/projects/elder_abuse/en/

Yon, Y., Ramiro-Gonzalez, M., Mikton, C., Huber, M., & Sethi, D. (2019). The prevalence of elder abuse in institutional settings: a systematic review and meta-analysis. *European Journal of Public Health*, 29(1), 58–67.

Yon, Y., Wister, A., Mitchell, B., & Gutman, G. A National Comparison of Spousal Abuse in Mid- and Old Age. *Journal of Elder Abuse & Neglect*, 26 (1), 80-105.

ElderJustice INITIATIVE

This training was produced by the Modell Consulting Group, LLC pursuant to a contract awarded by the U.S. Department of Justice's Elder Justice Initiative. The opinions, findings, and conclusions or recommendations expressed in this training are those of the contributors and do not necessarily represent the official position, policies, or views of the U.S. Department of Justice.