

PROTECTIVE SERVICES MEMORANDUM

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**TO: Aging Services Access Points
Designated Protective Services Agencies
Elder At Risk Agencies
Elder Abuse Hotline
Money Management Programs**

FROM: Gregory Giuliano

DATE: December 2, 2003

SUBJ: Protective Services Investigation – Training Manual Chapter

Elder Affairs is pleased to release the newest chapter of the Protective Services Basic Clinical Training Manual. This chapter, developed by Holly Ramsey-Klawnsnik, Ph.D., provides detailed information on how to conduct a protective service investigation. This chapter is to be added to the manual distributed in the fall of 2002 and should be copied and brought to the corresponding sessions of the Basic Clinical Training by all participants. This material also should be provided to staff members attending the Condensed Basic Training.

Questions on this memorandum should be addressed to your Regional Manager.

Chapter 6

Investigating Suspected Abuse

by

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I. Chapter Overview

A. Introduction

This chapter describes the process of conducting protective service (PS) investigations into reported elder abuse. It contains both clinical and forensic information relevant to investigating all five types of elder abuse. Financial exploitation and sexual abuse chapters provide additional guidance on these investigations.

Assessing reports to the Elder-At-Risk (EAR) program is very similar to investigating PS allegations. The main difference is that EAR assessments do not involve interviewing alleged perpetrators. While the focus of this chapter is PS investigations, the principles and techniques of systematic data collection discussed apply to both programs. The term “investigation” will be used rather than the more cumbersome phrase “investigation and/or assessment” for ease of communication. Additional information on responding to reports of possible self-neglect is contained in the chapter on that topic.

Throughout an investigation, adequate documentation of all casework activities, findings, and decisions is required. Guidance regarding investigatory documentation is contained in this chapter. Additional tips are provided in the chapter on “Critical Casework Skills.”

Massachusetts’ law, regulations, and standards govern the investigation process. The reader is referred to Chapter 1 for applicable regulatory information.

B. Topics covered in this chapter

1. Overview of an Investigation
2. Planning the Investigation
3. The Initial Meeting With the Referred Elder
4. Collecting Collateral Information
5. The Suspected Victim Interview
6. Interviewing Alleged Perpetrators
7. Formulating Investigative Conclusions

C. Rationale for covering these topics

A central casework function is investigating reported allegations. This requires clinical knowledge and skill, particularly in interviewing methods. Investigating also requires forensic know-how. Data must be **collected and recorded** in a fair, thorough, and ethical manner so that results are reliable, credible, and valid. In addition, workers must be able to analyze findings and base case decisions upon this analysis. This chapter provides guidance for accomplishing these critical tasks.

D. Goals and objectives for this session: Participants will:

1. Explain what a protective service investigation is.
2. List steps to plan an investigation.
3. List sources of investigatory information.
4. List forensic principles of suspected victim interviewing.
5. List contra-indications to interviewing alleged perpetrators.
6. List considerations in analyzing investigative findings.
7. List factors to consider in determining if an allegation is valid.

II. Overview of an Investigation

A. Purpose of the investigation

An investigation is a fact-finding mission, an inquiry, or systematic examination of facts relative to reported allegations to determine if they are valid. Relevant information concerning the elder whose safety is in question is collected. The assigned caseworker assesses the specific allegations, as well as the overall condition of the elder. **In addition, the worker screens to determine if other types of abuse/risks exist that have not been reported.**

Protective Service Investigation

Is an:

- < Inquiry*
- < Systematic examination*
- < Fact finding*

Regarding:

- < Reported abuse allegations*
- < The condition of the referred elder*
- < Other types of abuse/risks*

During this inquiry, the caseworker offers intervention if an immediate threat to the elder's safety is discovered. Unless an emergency or urgent situation exists, the worker completes fact-finding before intervening, because thorough assessment is necessary to plan appropriate intervention. In emergency situations, the worker completes the full investigation after alleviating the elder's urgent needs.

B. Goals of the investigation

The primary investigative goal is determining if reported allegations are valid. Ascertaining that abuse did not occur is just as important as substantiating. There are a number of additional goals, including psychosocial assessment of the referred elder (see Chapter 2). Unmet needs for care, assistance, or services will hopefully be identified. If maltreatment has occurred, the worker will try to identify the perpetrator(s) and determine abuse specifics (type of abuse, seriousness and extent, etc.). Impact of abuse on the victim and the level of risk will be assessed. All investigative activities, decisions, and findings will be properly documented.

Investigation Goals

- *Determine if elder abuse has occurred*
- *Complete geriatric psychosocial assessment*
- *Identify unmet needs for care*
- *Identify perpetrator(s) of any abuse*
- *Determine abuse specifics*
- *Assess victim impact*
- *Assess level of risk*
- *Document activities, decisions, findings*

C. Investigation Steps

When a report is filed, an intake form is completed. A supervisor screens the intake to determine if it warrants investigation. If so, the supervisor determines the response indicated: emergency, rapid, or routine, which dictates how quickly investigation commences. (Time frames are delineated in regulations and PIs.)

Thorough investigation involves multiple steps. Initially, intake and screening decisions are reviewed. Internal records are checked to determine if the elder is known to any agency program. If so, existing information may be helpful. For example, a referred elder is known to the agency's home care program. As a result, the elder's significant hearing loss is brought to the PS worker's attention so that accommodations can be made for effective communication with the elder.

Prior to contacting the elder, the worker may contact the reporter to double check accuracy of intake information and obtain additional data to plan investigative activities. The worker may also seek assistance from the reporter or others to (1) determine the level of safety for the elder or the worker, and (2) contact the elder.

An investigation plan is developed. Information is gathered, findings are analyzed, and a decision is made to open or not open the case. **All investigative activities, decisions, and findings are documented, and supervision is utilized.**

Investigation Steps

- 1. Review report, required response, agency records*
- 2. Contact reporter and/or necessary others*
- 3. Plan the investigation*
- 4. Collect information*
- 5. Analyze findings*
- 6. Determine if case should be opened*
- 7. Complete documentation*

D. Sources of information

Investigation involves collecting information from all appropriate sources. These sources are determined by the facts of the case. PS staff cannot coerce people to submit to investigative interviews. If a potential source refuses, all attempts to interview this person are carefully documented, along with any communication from the individual indicating the refusal and the reason stated.

Primary sources of information are the involved parties - the referred elder, the suspected perpetrator, and any eyewitnesses to abuse. Relatives, care providers and service providers are important data sources. Service providers typically include medical, nursing, mental health, home health, and social services personnel. Others having knowledge of the elder's condition and/or suspected abuse are potential sources, such as friends, neighbors, and law enforcement officers.

Professional records may contain useful information. In addition, the elder's surroundings are usually revealing. Diagnostic evaluations may prove helpful in determining the veracity of allegations.

Potential Sources of Investigatory Information

Reporter
Referred elder
Suspected perpetrator(s)
Eyewitnesses
Family members
Care providers
Service providers
Relevant records
Law enforcement officers
The elder's home
Diagnostic evaluations

III. Planning the Investigation

The worker plans anticipated steps to investigate the report. This involves determining potential sources of information, as well as an appropriate sequence for accessing them. The worker also plans the method of accessing each source. For example, will it be sufficient to speak with the visiting nurse by telephone, or is a face-to-face interview indicated? Information desired from each source is identified. The worker/supervisor determines if the reported allegations warrant a check with criminal authorities, such as a CORI or call to the local police.

A key element of the plan is determining the method for making initial contact with the referred elder. Is it best to telephone the elder, explain one's role, and request an appointment to make a home visit? Does the reported information warrant an unannounced home visit? If so, does it appear safe to visit alone, or should the worker be accompanied by a colleague or a law enforcement officer to preserve safety? These are critical questions. Supervision to help guide the worker make difficult decisions is strongly recommended.

The plan is written and is open to revision throughout the investigation as case facts emerge.

Investigation Planning

- 1. Identify potential sources of information***
- 2. Determine sequence of accessing sources***
- 3. Determine method of accessing each source***
- 4. List information needed from each source***
- 5. Determine if CORI/police check is appropriate***

IV. The Initial Meeting With the Referred Elder

A. Establishing contact

A primary goal of this contact is developing the foundation for an effective casework relationship. It is imperative to use counseling skills while adhering to forensic principles. The reader is referred to Chapter 4 material on active listening, joining, and building-rapport.

Initial contact may occur on the telephone or during a visit in the elder's home or other location. When it occurs on the telephone, the worker typically provides only basic information, such as his/her name, agency name and function, and a request to meet with the elder to discuss possible unmet needs. Providing the detailed essential information discussed below is typically reserved for the first face-to-face meeting.

Attempt to speak privately with the elder. Careful judgment must be used before revealing the purpose of the contact if privacy is not assured. Discussing protective concerns in the presence of a perpetrator or someone collaborating with that person could further endanger a victim. Even discussion in the presence of non-offenders can violate privacy and cause embarrassment.

If a person bars access of PS staff to the elder, the seriousness of the report and potential risk to the elder dictate the appropriate course of action. In lower risk cases, reasonable and time limited efforts should be made to persuade the person barring access to relent and allow access to the elder. If efforts at persuasion fail, the caseworker and supervisor need to discuss the level of risk and determine if either the assistance of police or a court order is warranted. When the report has been screened as an emergency or rapid response, the need to request police assistance or to seek a court order to gain access must be considered immediately.

B. Providing essential information

1. Introducing oneself and PS

The worker explains PS reports and investigations in a straightforward manner and is clear, direct, and honest in conveying the purpose of the contact and the nature of the report. The worker provides his or her name, the agency name, and explains the Protective Services Program. The elder is informed that a report of alleged abuse has been received, and that the worker has been assigned to look into it. The written Notice of Investigation is provided, and is read and explained to the elder as appropriate. (See PSM for details on using this notice.)

Learning that one is the subject of a PS report can be alarming, and many elders have questions. Use counseling skills in responding.

A common question asked is, “Who filed this report?” Follow state law by protecting the anonymity of the reporter, while sympathizing with the elder’s frustration. Helpful statements include, “By state law I can’t reveal that. Most reports come from caring people who are concerned about a senior citizen.”

Another frequent question is, “What does the report say?” Respond honestly while phrasing abuse issues gently. At this point, asking the elder to confirm or deny allegations is contra-indicated. Discussing victimization experience with a stranger is very difficult. As the investigation unfolds and a casework relationship develops, the allegations will be specifically addressed.

Example:

Caseworker Ronald is investigating suspected financial exploitation of Mrs. Podgurski. He informs her of the report early on during the initial visit, and Mrs. Podgurski asks what the report says. Ronald responds, “There are some concerns about the way your nephew is handling your money. After we get to know each other, I’d like to find out if you are satisfied with the way that is going.”

2. Right to self-determination

Ethical, philosophical, and legal right to self-determination means that elders have the right to refuse investigations. Workers inform elders of this, and seek their consent and cooperation with investigations.

Supervisors guide workers in determining how to proceed when elders refuse investigations. In most cases, at least one additional attempt will be made to contact the elder. Detailed information concerning right to self-determination and limits to this right are delineated in PI's.

There are two situations in which staff investigates in the absence of the elder's consent.

a. Lack of capacity to consent

When the elder lacks or appears to lack capacity to consent to the investigation due to cognitive limitations, the worker proceeds with data gathering. Rely upon evidence in deciding that an elder lacks or appears to lack capacity to consent, and document that evidence and decision in progress notes. When an elder's capacity is questionable, initial investigatory efforts are aimed at more fully determining the elder's cognitive capacity, prior to collecting full collateral data.

b. Duress

When evidence indicates that an elder refuses an investigation due to duress, proceed with the investigation. Evidence of duress and decision-making regarding this are carefully documented. Known case specifics are carefully considered to further determine possible danger to the elder. In these situations, care is taken to avoid further endangering the elder.

3. Confidentiality

Workers explain that case information is kept private to the extent possible. Limitations to confidentiality (which are delineated in PI's and in Chapter 4 ethics material) are explained to the elder. This occurs early on during the contact, prior to questioning, as well as before listening to volunteered information of a private nature. Collecting personal data prior to informing elders of the limits to their confidentiality violates ethical principles. This issue is fully discussed in PI's/standards.

C. Initial assessment of the elder

1. The balancing act

During this first interaction, a preliminary assessment of the elder occurs. The worker begins collecting geriatric psychosocial assessment information and other data needed to determine the veracity of the report. A delicate balancing act must occur - the worker balances the need to build rapport with the need to both give the essential information discussed above and collect required information. Over-zealous provision or collection of data can alienate the elder. If this occurs, continued cooperation is unlikely, even if the elder would like casework assistance. On the other hand, the worker who spends the entire first contact simply building rapport and gathers no data will be seen as neglecting casework duties.

2. Assessing through observation

The primary data-gathering method is observation. How does the elder appear and behave – well-groomed, alert, oriented, and comfortable? Or is there evidence of poor care, confusion, agitation, pain or other problems? It is also essential to observe the elder's environment. Is it fairly orderly, clean, functional, and safe? Or is the home strewn with garbage, rotten food, and other safety risks? The worker relies upon the senses - that seen, heard, smelled. The goal is to get a sense of the elder's functioning and determine if unmet needs are present.

Use judgment in deciding which observations, if any, to discuss. Those selected depend partly on the physical, cognitive, and emotional status of the elder. Choosing observations to discuss, and broaching them respectfully, requires considerable interpersonal skill. Observations indicating immediate risk are addressed without delay, with the elder and/or others (including one's supervisor).

All *significant* observations are recorded in progress notes.

Example:

Caseworker Carolyn visited Mr. Alveraz, who was referred due to neglect concerns. During the initial visit, Carolyn noticed that Mr. Alveraz was poorly groomed - his hair was unwashed and uncombed, he was unshaven and had not bathed. Carolyn observed that he winced each time he moved slightly in his chair. He seemed to be protecting his right leg. Carolyn commented, "Mr. Alveraz, it looks like it is difficult for you to move."

Mr. Alveraz stated that his right leg hurt and that moving had been difficult for several days. Carolyn asked if he would like medical attention. Mr. Alveraz said that it might be good to get something for the pain. Carolyn learned that he had not seen a doctor in years and did not know who to call for medical help. She offered to arrange an examination, and made sure that he was seen that day. In the hospital emergency room, a fractured hip was diagnosed.

3. Assessing through screening questions

Personal questions are especially uncomfortable when posed by a stranger. Clinical wisdom dictates that aggressive probing is contra-indicated at the first meeting. Interviewing is generally limited to carefully selected open-ended questions to encourage information sharing while minimizing discomfort. Questions are related to the allegations, as well as caseworker observations. For example, the question, “How is it having your son live here with you?” is prompted by concerns of physical abuse. It is less anxiety-producing than, “Does your son hit you?”

Defer intrusive, highly focused, and potentially embarrassing questions until the formal suspected victim interview. This will occur at a subsequent meeting, after gathering collateral data and giving the elder time to become comfortable with the worker.

Open-ended questioning may result in revelation of problems or safety concerns. If so, gently probe to determine if the elder can more fully discuss the issue.

Example:

Worker: How is it having your son live here with you?

Elder: Well, it has advantages and disadvantages.

Worker: Like most situations, I guess. What’s one of the advantages?

Elder: Having him here keeps me from getting too lonely.

Worker: Yes, it must be nice to have company. What’s one of the disadvantages?

Elder: Well, he gets irritable when he’s been drinking.

Worker: It can be tough, living with a drinker.

Elder: Well, as long as I stay out of his way it’s not so bad.

Worker: What happens if you don’t stay out of his way?

Elder: Umm, I don’t think I’ll go out today - too hot outside.

Until the last statement, the elder was willing to discuss the son and his drinking problem. Changing the subject conveys that conversation on this topic has gone as far as the elder can comfortably tolerate at this time. The wise worker will follow the elder's lead and allow the topic to change. Pressing to continue at this point is not wise. The worker will return to the topic when the relationship is stronger.

Gentle probing may result in an elder discussing private matters at the initial meeting. Respond by respectfully collecting volunteered information, but refrain from in-depth probing at this early stage in the casework relationship. Should the elder reveal an immediate threat to his or her safety, attempt to collect data necessary for safety planning.

Guidelines for Initial Meeting

- Collect information gently through observation and open-ended questions.*
- Reserve intrusive and potentially embarrassing questions for a subsequent meeting.*
- Collect data necessary for safety planning if an immediate danger is revealed.*

D. Planning further activities

1. Obtaining consent to collect information

The worker explains the investigation process and the need to access relevant people and records. The worker and elder discuss potential information sources. Elders have the right to grant or refuse permission for each. Best practice is to request permission for each source in writing, although written consent is not required. PI's provide detailed instructions regarding use of Release of Information Forms. Respect the elder's privacy by only seeking permission for necessary data. Do not attempt contact with people if this contact would be likely to put the elder at risk.

2. Informing of the process

Explain the plan to gather information and then meet with the elder again for further discussion. Additional steps anticipated are discussed and the elder's permission is sought. These steps include intervention activities to respond to any immediate safety risks.

Specify how the elder can contact the worker between visits and invite the elder to ask any remaining questions.

3. Scheduling the next contact

Before ending, it is wise to plan a subsequent visit. Scheduling at this visit can save rounds of telephone tag.

V. Collecting Collateral Information

A. Casework considerations

1. Determine the collaterals to contact

The caseworker determines who can potentially contribute useful information to the investigation. Informed consent is sought from the elder to contact each source prior to eliciting information, unless regulatory exemptions apply. If key individuals or agencies are not contacted, or are contacted but provide no information, document the reason(s) in progress notes.

2. Use good judgment and supervision

Use good judgment and supervision to determine the individuals and agencies to contact, data-collection methods (mail, telephone, face-to-face), sequence of contacts, areas of inquiry, and what PS case specifics (if any) to reveal.

3. Protect privacy

Protect the elder's privacy to the extent possible throughout data-collection. When speaking with collaterals, use judgment in explaining your role and the PS case. Collaterals are informed about PS case specifics on a "need to know" basis. Workers only divulge information that collaterals must know to provide necessary information, or properly assist the elder.

Protect Privacy When Eliciting Collateral Data

- Limit contact to only people/agencies necessary.***
- Contact collaterals after the elder consents unless regulatory exceptions apply.***
- Reveal information on a need to know basis.***
- Limit questions to ones necessary for complete investigation.***

4. Prepare appropriate questions

Case specifics, and the collateral's role with the elder, dictate appropriate areas of inquiry. Prepare a list of key questions in advance to insure that important topics are covered during the data-collection.

Information Typically Elicited From Collaterals

1. Information about the elder

- *Physical, socio-emotional, cognitive functioning*
- *Limitations, disabilities, diagnoses, medications*
- *Strengths and self-care capacity*
- *Existing service/treatment/care plans*
- *Adequacy of existing plans*
- *Unmet needs for assistance and services*
- *Family members & significant others*
- *Schedule*
- *Adequacy of financial resources and management*
- *Indicators of abuse*

2. Information about the alleged perpetrator

- *Physical, socio-emotional, cognitive functioning*
- *Capacity/willingness to understand & meet elder's needs*
- *Quality of care provided*
- *Schedule*
- *Indicators of abuse*

3. Interaction between elder and alleged perpetrator

- *Nature of the relationship*
- *Quality of interaction*
- *Problems/conflicts*
- *Indicators of abuse*

4. Other relevant data indicated by case specifics

5. Distinguish first from second-hand information

Determine how collaterals learned the information they release. For example, does the nurse report bruising on the elder because she observed it or because the aide she supervises described it to her?

6. Distinguish fact from opinion

Often, collaterals express opinions regarding the elder, the alleged perpetrator, or issues related to the investigation. The caseworker must distinguish fact from opinion. If uncertain, inquire of the collateral. For example, a physician states that the elder requires nursing home care. Is this a fact or opinion? It is likely that this is an opinion, but the worker in doubt should politely inquire.

7. Determine the basis for opinions

When collaterals provide opinions, elicit the basis for that opinion. For example, “Dr., would you share with me the reasons for your opinion that this elder requires nursing home care?” Learning the basis for the opinion enables the worker to determine how much weight to give it when analyzing findings.

B. Issues specific to collecting information from service-providers

1. Verbal information

Many individuals service elders, including people working in: social and aging services, health care (physicians, nurses, home health and care facility staff), mental health (psychiatrists, psychologists, clinical social workers, marriage and family therapists, counselors); public safety (police, fire fighters, emergency medical technicians, public health representatives), housing, and financial institutions.

PS staff must learn how providers have been involved with the elder and how well they know the elder. In addition to the areas of inquiry listed above, ask and document the provider's: full name (with correct spelling), professional credential (if applicable), agency affiliation, and role with the elder. Determine the specific service(s) provided, frequency of contact, first and last dates of service, and the elder's response to services.

2. Information contained in records

Typically, professionals keep records regarding the individuals with whom they work and the services provided. Records can be of significant value during an investigation - for example, medical/nursing records, police reports, social services progress notes, therapy records, bank statements. It is sometimes sufficient to ask providers to verbally summarize relevant records. In other cases, the worker needs to read records and extract pertinent information. In still other cases, proper investigation requires obtaining copies of significant records for the PS file. Viewing and obtaining records is normally required during financial exploitation investigations. (See *Financial Exploitation Manual* for detailed guidance.)

Workers are not entitled to access, view, or obtain confidential records without informed consent of the elder or the elder's guardian (if applicable), or a court order. Supervision and good judgment should be used in making decisions relative to accessing and using records. All records obtained, as well as information taken from records, must be protected as confidential.

C. Special concerns when interviewing non-service-providers

1. Protect elders and their privacy

Family members, friends, neighbors and others who have personal relationships with the elder often have valuable information to contribute. However, they have no professional duty to keep information confidential. Use caution when determining who to interview and how much case data to reveal. Avoid disclosing information that has the potential to harm the elder. Use the “need to know” guideline and supervision in planning and conducting interviews.

Illustrative Case: Inadvertently Endangering the Elder

Mr. A. allegedly financially exploits his elder mother to support his drug addiction. It is also believed that he emotionally and physically abuses her when she does not readily turn over assets. While collecting information from Mr. A.’s sister, the worker revealed the allegations. The sister told Mr. A. He then bullied and intimidated his mother regarding her cooperation with the investigation.

2. Assess motives and credibility

When asked about an elder with whom they have a relationship, many people cooperate by providing accurate information. Some, however, do not act in the elder’s best interest and are motivated to provide false information. Workers must carefully analyze information to estimate its credibility and reliability.

VI. Interviewing Suspected Victims of Elder Abuse

A. Interview importance

This interview normally takes place at the second meeting with the elder and constitutes critical investigatory data gathering. The results are carefully analyzed and given much weight in determining whether to open the case. The interview must be carefully planned and conducted in a clinically and forensically sound manner.

B. Goals of the interview

The over-all goal is to conduct an effective interview in which areas of inquiry are appropriate, questions are properly posed, results are accurate and relevant, and casework skill is used so that the elder does not feel interrogated.

In an Effective Interview

- Areas of inquiry are appropriate***
- Questions are properly posed***
- Results are accurate and relevant***
- The elder does not feel interrogated***

There is much to accomplish including continuing to build the casework relationship, collecting additional psycho-social data, and probing issues and inconsistencies which have arisen during collateral contacts. The elder's response to allegations is elicited and continued screening occurs for other safety risks (including those that may not have been reported). Throughout the process, the worker responds to the elder's questions and concerns.

C. Clinical and forensic principles

There is vast difference between social conversation and investigative interviewing. Clinical and forensic principles must be followed. Those discussed in the section on the initial meeting with the elder are also relevant at this interview. For example, it is important to interview the elder alone to preserve privacy and safety. Attention to the following issues is also required.

1. Communicating effectively

Communication clarity and effectiveness is key. The worker's speech and language should be easily understood. For example, a college level vocabulary is inappropriate when speaking to a person with an eighth grade education. During all investigative interviews, speak simply and clearly and refrain from technical jargon.

Special communication needs must be accommodated. For example, an elder with a hearing loss who relies upon the use of two hearing aides should not be interviewed without the aides. As another example, use of qualified translators is required for people with limited English proficiency.

The response time of older adults is longer than that of younger people. Provide time to consider questions and think through answers before assuming that an elder failed to hear or understand.

Taking process notes during the interview is contra-indicated. The worker attending to a note pad instead of the elder cannot actively listen. Non-verbal communication is missed, and proper interviewing does not occur. Detailed notes should be written as soon as the interview is concluded to preserve accuracy.

2. Formatting questions

A forensic goal is to enable suspected victims to provide accurate and relevant information, but avoid pressuring them to make any specific statements. To achieve this, proper question format is required.

Question formats include open-ended, specific, yes/no, multiple choice, leading or suggestive, and tag. Open-ended, specific, and yes/no questions are appropriate for the interview. Multiple or forced choice questions can result in people answering incorrectly to select a provided option. These questions can also be confusing, particularly to elders with cognitive limitations. Leading and suggestive questions imply a desired answer, and should not be used. Tag questions make a statement and ask the respondent to agree, thereby becoming suggestive.

Question Formats

Recommended:

Open-ended: *How do you and Steve get along?*

Specific: *How long have you and Steve been married?*

Yes/no: *Do Steve's habits cause you problems?*

Not Recommended:

Multiple choice: *Are things with Steve better, worse, or the same?*

Leading: *Didn't Steve make you mad?*

Tag: *Steve is hard to get along with, isn't he?*

3. Avoiding inappropriate questions

Some questions are inappropriate for investigative interviewing.

Investigative interviewing involves inquiring about the observed behavior of others. For example, “What did your daughter say?” In contrast, asking an individual about the thoughts, feelings, or motives of others is inappropriate. These questions require mind reading and are likely to be answered incorrectly. For example, “What made your daughter decide to do that?” or “How does your daughter feel about that?” These questions should be addressed to the daughter.

Limit questions addressed to people with cognitive limitations to those they have the capacity to answer. For example, a man has very poor short-term memory and consistently fails to keep time and days straight. Do not ask him, “What day did your niece take you to the bank.” He may guess or answer randomly, thereby contaminating investigative results.

Questions that ask “why” are problematic. For example: “Why did you give your son that money?” “Why did you stop going to the senior center?” “Why do you have two cats?” Why questions tend to put people on the defensive because they imply wrongdoing.

Refrain from:

- Mind reading questions***
- Questions beyond the cognitive capacity of the elder***
- Why questions***

4. Sequencing questions

There are clinical and forensic issues to consider when sequencing investigative questions.

Broad, open-ended questions encourage information sharing and lay a foundation for subsequent questions. At the beginning of an interview they are more helpful than specific or yes/no questions. These questions facilitate screening for the reported abuse, in addition to existing unreported maltreatment. Progress to specific questions based upon response and following a logical sequence. For example, asking a woman how often her husband hits her is inappropriate if she has not acknowledged that he does hit her.

Necessary abuse-related questions often cause discomfort. Probing topics such as finances, physical or mental health problems, family conflicts, and victimization can be perceived as intrusive and cause embarrassment. To minimize this, begin with the least intrusive questions and progress to those that are more sensitive. Use a supportive, non-threatening demeanor and express concern for safety to help people tolerate these questions. Inform elders that they can opt to pass on questions. Respect limits regarding topics of probing and questioning extensiveness.

Question Sequence

- Begin with broad, open-ended, non-intrusive questions***
- Progress to more specific questions based upon response***
- Logically sequence questions***
- Reserve sensitive questions for latter parts of the interview***

5. Responding to elders' statements

Refrain from making assumptions when responding to statements made by elders. Inaccurate assumptions cause faulty fact-finding and harm rapport. Instead, respond with open-ended questions to continue screening for all types of maltreatment. Often, this also results in increased rapport. When people feel understood this leads to trust and further sharing of personal information.

Responding to Elder's Statements

Inappropriate:

Elder: "My husband goes to the casino each week with his friends."

Worker: "Oh, that's nice. He gets to socialize and he gets out."

Elder: (Looking away) "Yes, he gets out."

Appropriate:

Elder: "My husband goes to the casino each week with his friends."

Worker: "What's that like for you?"

Elder: "It's tough because he's gone many hours and I can't get out of my wheelchair. I also worry about how much he spends."

6. Changing the subject

Elders may change the subject for a variety of reasons. They may feel uncomfortable with the discussion, may have fully covered the topic, or might want to discuss something else. It is wise to allow an elder to change the subject. If there are unanswered questions, return to them at a later time rather than pressuring the elder to continue.

Workers may change the topic for appropriate or inappropriate reasons. It is appropriate when the subject has either been fully covered or is irrelevant and it is time to move on. It can be appropriate to change the topic when the elder appears uncomfortable. In the interest of maintaining rapport, it may be wise to move to a less threatening subject.

Avoid changing the subject inappropriately. This can occur when the worker changes the subject because he or she is feeling anxious, despite the fact that the elder wants to continue the discussion. This is especially problematic if the topic concerns the elder's safety, such as abuse-related discussion.

Changing the subject during an investigative interview is a clinical decision. It should not be a random conversational act or an inappropriate response to abuse disclosure.

7. Responding to abuse disclosures

Appropriate response to abuse disclosures preserves the integrity of the investigation and facilitates fact-finding. In addition, victims benefit psychologically by discussing maltreatment with supportive others. Caring response helps victims emotionally process maltreatment and promotes empowerment and self-protection.

The first response to a disclosure of abuse should be an open-ended question that invites the elder to describe the experience. This may be paired with a statement of emotional support.

Refrain from jumping into specific questions. Research has shown that people encouraged to describe experiences in their own words provide more data, and more accurate data, than when questioned. Furthermore, specific questions run the risk of being suggestive.

Example:

Disclosure: “My daughter is mean when she washes and dresses me.”

Poor response: “Does she yell at you?” “How often does that happen?”

Good response: “I’m sorry that happens. Can you tell me more about it?”

Listen empathetically while focusing on the victim's statements and emotions. Attempt to collect abuse details including what happened; who was involved; when, where, frequency, and seriousness of victimization; risk of continued harm; and victim impact. However, avoid interrupting the elder's presentation to ask questions. Follow-up on issues not fully explained when the elder has finished. Demonstrate concern and interest, but refrain from asking questions simply to satisfy personal curiosity.

As abuse details emerge, refrain from judgmental response. Instead, encourage discussion by gently asking for more information or by exploring the impact on the elder.

Example:

Elder: "She rushes me and screams that I am too slow and clumsy."

Poor response: "That's terrible!"

Good response: "What else happens?"

Elder: "She is in such a hurry. Sometimes she hurts my arms and legs, shoving me into my clothes."

Good response: "What is that like for you?"

Do not display shock, alarm, upset or other personal reactions to the victimization or the perpetrator. Do not tell victims how you feel about what has occurred, and do not tell them how they should feel or what they should do. Instead, elicit and validate the victim's feelings.

Example:

Elder: "It makes me sad. I feel hurt, but also sorry to burden her."

Poor response: "You should not put up with that!"

Good response: "I can understand the sadness and hurt."

Invite adding information and asking questions. People who have suffered extensive victimization typically require more than one discussion to reveal all of the abuse information. Respect victims' limits regarding how much information they can comfortably reveal at one time.

In closing, thank the elder for discussing the matter. Professionals hearing abuse disclosures often need to process the information and receive supervision before formulating suggested interventions. Don't feel a need to immediately have all the answers for resolving a complex abuse situation. However, eminent safety risks call for discussion without delay with the elder and/or appropriate others. Seek immediate supervision regarding such risks. If the elder appears in need of immediate assistance (for example, medical attention), elicit the elder's consent and arrange required services without delay.

VII. Interviewing Alleged Perpetrators

A. Importance of the interview

Standard procedure is to contact the person(s) alleged to have harmed the elder and attempt to interview. This is essential for the following reasons.

1. Fairness

A core value of our society is providing people accused of wrong doing an opportunity to respond. They are entitled to understand the allegations, present evidence in their own behalf, and clear up misunderstandings.

2. Forensic value

Without the interview, investigatory data is missing. This decreases confidence level in conclusions and increases chances that the investigation will be considered incomplete and flawed.

3. Clinical value

Interacting with the alleged perpetrator provides opportunity to learn about this person and his or her relationship with the elder. It facilitates assessment of personality and functioning, motives for involvement with the elder, and potential dangerousness. This helps staff draw investigatory conclusions and plan needed services. Furthermore, many alleged perpetrators are family members. Assessing family functioning is clinically compromised without involving all members.

4. Foundation for successful intervention

Experience demonstrates that many victims remain in relationships with their perpetrators. When this occurs, the perpetrator may be in a position to cooperate with needed services, or sabotage them. Successful intervention may

depend upon securing the perpetrator's cooperation. The interview is the first step in this.

B. Reasons not to interview the alleged perpetrator

Alleged perpetrator interviewing is sometimes contra-indicated, however. Supervision is essential when deciding not to attempt this interview. The reasons for this decision are fully documented, and may include the following.

1. The elder refuses

If the elder withholds consent, the interview cannot occur. Some abused elders are justifiably worried that abuse will escalate if their perpetrators learn of investigative activities.

2. Safety risk to elder

The interview is not attempted if PS staff have reason to believe that it would likely put the elder at greater risk.

3. Safety risk to worker

Worker safety is a prime concern in planning investigative activities. Interviewing is contra-indicated when there is reason to believe that a worker would be placed in danger by interacting with an alleged perpetrator.

If a worker commences interviewing and finds the alleged perpetrator out-of-control, contact is promptly and politely terminated to preserve safety. This might involve situations of intoxication, active psychosis, or rage.

4. Compromise to criminal investigation

In some cases, an ongoing criminal investigation could be compromised by

the worker's interview. Law enforcement officials may request that PS staff forego this to avoid contaminating criminal fact-finding.

C. Planning the interview

The interview is typically deferred until after the suspected victim interview and collateral data gathering. Those findings are used to plan the alleged perpetrator interview. Staff rule-out contra-indications and determine interview conditions, such as where and when to interview and the advisability of the worker interviewing alone. In addition, previously collected data is used to format questions.

D. Conveying essential information

Workers explain their role and the purpose of their contact prior to eliciting information from alleged perpetrators. The person is told of the reported abuse and that the worker has been assigned to investigate. The alleged perpetrator is informed that (1) he or she is the person reported to be responsible for the abuse, (2) the worker would like to conduct an investigatory interview, and (3) he or she does not have to provide any information.

Alleged perpetrators often respond with alarm and questions. In answering, the worker protects the reporter's anonymity and remains truthful.

Some alleged perpetrators display anger. The worker responds professionally. Staff is not expected to tolerate abusive treatment, nor should they return hostility.

Example:

Caseworker Margaret contacted Mr. Burke and explained that she would like to speak with him regarding a report that he neglected his mother. Mr. Burke exploded, “Just what do you mean, I neglect my mother? How dare you accuse me! Where did you get that information?”

Margaret calmly but firmly responded, “Mr. Burke, under state law I am unable to tell you who filed the report. I am not accusing you. A report has been filed and, by law, must be investigated. I have been assigned to conduct a fair, complete investigation to see if the report is accurate. This is your opportunity to tell me your side of the situation if you wish. I’m trying to collect information and would like you to have input into the investigation.”

Learning that Margaret did not assume that the report was true and that she was interested in hearing his side helped Mr. Burke to become more reasonable. He agreed to discuss the care he provided to his mother.

E. Collecting information

Information is collected via three methods: observation, questioning, and requesting relevant records. Case specifics dictate appropriate questions and records. The worker observes the alleged offender, and may also observe interaction between this person and the elder. All significant findings are documented, along with topics that are explored. Generally, the worker attempts to gather information regarding the following.

1. The alleged perpetrator

Identifying information is sought, for example, full name, address, and occupation. Questions are designed to assess personality, capabilities, and potential dangerousness. This is particularly important if the alleged perpetrator provides required care to the elder. Does he or she appear capable of appropriately caring for an older person who may have special needs? Workers consider cognitive, emotional, social, physical, and financial aspects of the alleged perpetrators' functioning, along with their schedule and willingness to assist the elder.

Example:

Linda is investigating alleged neglect and financial exploitation of Mrs. Santiago by her granddaughter. The reporter stated that the granddaughter is drug-addicted and steals Mrs. Santiago's money to buy drugs. Furthermore, the granddaughter is reportedly responsible for dispensing Mrs. Santiago's insulin and does this unsafely and inappropriately due to drug abuse.

Linda will attempt to gather information from the granddaughter about herself, particularly, her address, source of income, schedule, capacity and willingness to understand and respond to Mrs. Santiago's medical needs, and alleged drug abuse.

2. Relationship with the elder

Information is sought regarding the alleged perpetrator's relationship with the elder. Are they related? If not, what is the nature of the relationship and how long has it existed? What is the apparent motivation for involvement with the elder, especially if it is a new relationship? It is useful to ask for a description of the elder's personality, functioning, special needs, and capabilities. Is the elder easy or hard to get along with, and why? How does the alleged perpetrator cope when the elder is impatient or other problems occur?

3. Care provision

If the alleged perpetrator provides care, detailed information about this is requested. What can the elder do independently and what assistance does the alleged perpetrator provide? Do others provide care? If so, who are they and what tasks do they complete? It is helpful to ask about problems and difficulties in the care provision, and how these are handled. Does the alleged perpetrator feel that he or she adequately manages the care, or feel that additional assistance is required?

4. Financial matters

Financial exploitation investigations typically involve collecting detailed information regarding the elder's income and other assets, expenses and liabilities, and the alleged perpetrator's role in handling these matters. Records, receipts, bills, account statements, and cancelled checks are typically sought. Deeds, wills, and other legal documents may be requested. The worker explores any formal or informal financial arrangements, such as a salary paid to the alleged perpetrator for providing services.

If an alleged perpetrator controls records necessary for investigation and fails to provide them, a court order may be sought to obtain them.

5. The allegations

The allegations are discussed. Does the alleged perpetrator confirm any of the report? Are explanations offered that would cast allegations in a more positive light or otherwise explain them? If alleged behavior is admitted, does the perpetrator see any problems for the elder resulting from this behavior? Does this person admit alleged conditions, but deny that the elder is negatively impacted? If so, why? If allegations are denied, can any evidence be provided to disprove the report?

6. Recommendations and needs

It can be fruitful to explore views regarding unmet needs. Does the alleged perpetrator want the elder to receive any assistance from others? If so, what type of help and who should provide it? Does this person want the elder to take any steps, such as enter a care facility or agree to receive medical treatment? Does the alleged perpetrator plan to make any changes in his or her relationship with or care provision to the elder? Does the alleged perpetrator feel that he or she requires any social services assistance or other help in caring for the elder? What, if any, recommendations does the alleged perpetrator have for the investigator and the PS agency?

VIII. Formulating Conclusions

There are a number of factors to consider when analyzing findings to formulate investigative conclusions. The written assessment summary should reflect consideration of these factors.

A. Analyzing information provided by the elder

First and foremost to consider is the physical appearance of the elder and his or her living environment. Is evidence of maltreatment visible? Does the physical state of the elder and the home indicate that basic needs are routinely met? How lucid and responsive is the elder? Does physical, socio-emotional, and cognitive functioning appear normal, or are limitations obvious? What is the impact of limitations on wellbeing and safety? Consider information provided verbally as well as nonverbally. Are statements and behavior discrepant? For example, did the elder deny that she is afraid of her husband, yet keep her eye anxiously on her front door concerned that he might return home and find her speaking with you? Did the elder appear free to provide information, or seem guarded? What was the elder's response to the allegations? Does the elder reveal unmet needs, unresolved problems, maltreatment, or need for assistance?

B. Analyzing information provided by the alleged perpetrator

Was the alleged perpetrator willing to cooperate with the investigation? If he or she provides care for the elder, is this person's description of the elder's personality, limitations, and needs accurate? Is the care routine adequate and appropriate? Are problems handled well? Does this person seem capable of adequate care giving? Is there a history of impulsive or dangerous behavior? How much access to and authority over the elder does this person have? Was evidence offered to disprove allegations? If so, is it convincing? Do explanations make sense and help clear up allegations? Are wishes and recommendations good for the elder? Is this person willing to cooperative with necessary services and interventions? Do your impressions of this person support or refute the allegations?

C. Analyzing over-all information

Each specific allegation reported and identified during the investigation must be addressed. What evidence supports and refutes each allegation?

Distinguish first-hand information from hearsay, and facts from opinions. How credible are statements, including opinions, provided by collaterals and others? For example, do facts support the physician's opinion that her daughter provides quality care to the elder?

What discrepancies exist in the accumulated data? Identify, clarify, and evaluate inconsistencies and determine what information appears to be credible.

Is information missing? If so, what is missing, and why? Can you obtain it? What impact does missing data have on ability to draw accurate conclusions?

D. Arriving at conclusions

Supervision is essential when making difficult decisions. Workers and supervisors discuss the accumulated data to make investigatory decisions. Conclusions must be based upon documented evidence.

A decision must be arrived at for each specific allegation. Allegations may be substantiated or not substantiated, or additional information may be needed to make a decision.

An allegation is substantiated when there is reasonable cause to believe that this maltreatment occurred. This may consist of convincing evidence, or at minimum, enough evidence to conclude that the incident probably occurred.

A "not substantiated" decision is appropriate: (1) when collected data indicates there is no reasonable cause to believe that this alleged maltreatment occurred, and (2) despite thorough investigation, insufficient evidence was collected to determine that a reportable condition exists.

A determination of “additional information needed” is made when at least one allegation is substantiated and continued data-collection is necessary to further evaluate additional allegations. Continued investigation occurs, and a decision is subsequently made and documented regarding this allegation.

When abuse is substantiated, the case is opened for protective services. If the case is not opened, the elder is referred to other appropriate services, if indicated. All PS records on unopened cases are expunged in three months.

Summary and Conclusions

This chapter has detailed the process of conducting a thorough, fair, and comprehensive investigation into alleged elder abuse. Investigation is a central casework function requiring significant knowledge and skill. Careful supervision is required throughout the process, and is especially important for new caseworkers in the process of acquiring essential skills. Hopefully, this chapter will provide a guide for workers and supervisors involved in this necessary and important service to elders who may have been victimized or are otherwise at risk of harm.