INTERVIEWING TECHNIQUES FOR VICTIMS OF ELDER ABUSE

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Some of these suggestions may already be a part of your interviewing technique. Remember, interviewing a senior citizen [whether or not the senior has dementia] takes patience, sensitivity, a watchful eye and a keen ear. Also, don’t PRESUME that an elderly victim suffers from Alzheimer’s Disease or other dementia. Not all seniors do. However, you don’t know what the issues are until you complete your initial interview. These tips will hopefully help you figure it out.

I. THE INTERVIEW

A. IMPORTANT: Before you begin the interview process, ask all family, hired caregivers, or anyone else present to leave the room. You may call upon them later to observe the victim’s response to certain individuals. When the interview occurs at your agency offices, find a private place to conduct it where other people can’t overhear what is being said. Many victims are embarrassed and do not want others knowing of their abuse.

B. ALSO IMPORTANT: Please remember to take breaks during the interview. Does the victim need to use the bathroom? Is s/he hungry or thirsty? Does s/he need to take any medications? Is s/he getting tired? Should you stop and pick it up again the next day? Remember that your interview will be much more fruitful if the victim is fresh and has energy. It is best to interview older individuals earlier in the day, rather than later.

C. Keep your weapon out of sight. Wear a jacket. [For police/peace officers.] A confused person may not understand that you are there to help him/her. Some individuals suffer from delusional thinking and may incorporate your weapon into their reality. Example: The victim may have watched a police television show a few hours before and you then walk into his room. Reality and fantasy may become confused and the victim may become too agitated for you to talk with him. **Also remember to shut off or lower your radio—it can be very distracting and scary.

FYI #1: Keep in mind that many immigrants have come from countries where they feared the police and/or the military. They do not see the police as source of safety. Immigrants may also fear the social consequences of bringing “shame” to family, as well as deportation if the police become involved in the situation.
D. **Begin your conversation with orienting information and address the victim by his/her name.** *Be respectful—address the senior as Mr., Mrs. or Ms. unless the senior invites you to use his/her first name. Be specific and indicate immediately that you are a friend. Speak in a conversational tone to create a pleasant mood and begin developing a sense of trust. Example: “Hello, Mrs. Smith, I am Janet Jones and I am here to help you.”*

E. **Face the person and look him/her in the eye.** Ask permission to sit down near the individual in order to be at eye level. **Never conduct an interview towering over a victim.** *Remember, many abusers stand over their elderly victims and use their bodies to intimidate them.*

Try to give him/her enough space [about one foot] so the senior does not feel crowded or threatened. Maintain eye contact to help keep the individual focused.

**FYI #2:** However, please keep in mind that in some cultures it is considered disrespectful to make eye contact with an authority figure such as a police officer.

F. **Be aware of environmental distractions.**

Example: Radio, television, an open window facing a busy street. Don’t try to shout over these distractions, **simply eliminate them.** Shouting may be perceived as an assault on the victim and trigger an attack of anxiety or agitation. *Remember, abusers shout at their victims in an effort to intimidate and instill fear in them. Being surrounded by multiple stimuli will make it almost impossible for a cognitively impaired person to concentrate on you and what you are asking them.*

G. **Assistive Devices**

Does the senior need his/her hearing aid, glasses or dentures? If so, ask the senior or companion/caregiver where they are. Remember, if the senior can’t see you clearly, hear what you are saying or properly speak, then your interview may not be fruitful. Again, do not raise your voice. It is not effective and it may cause the individual to feel uncomfortable and/or fearful.

**FYI #3:** Abusers will often take away seniors’ dentures, hearing aids, canes, etc. [and even withhold medication] in order to isolate, coerce and intimidate them. This also forces the victims to rely on their abusers.

H. **Smile and relax.**

Smiling is often difficult to do when you are involved in serious business. However, Alzheimer’s and dementia patients are VERY SENSITIVE to feelings. Often a smile may be just the leveler to maintain calm and avoid distress. But if you are smiling while gritting your teeth and arms folded across your chest, the message will be “displeasure.” This stance will frighten the individual. Your physical posture (body language) and what you say should complement one another.
I. Speak slowly, in short and simple sentences. Be patient and always wait for a response. Example: Mrs. Smith, did you hurt your arm? Give her time to respond before you ask your next question. Do not assume she understands everything you are saying. See what she does, not necessarily what she says, in response to your questions. Please keep in mind, however, that this doesn’t mean that you should presume that all older people may have difficulty understanding you. Keeping it short and simple helps you evaluate the situation.

J. Listen
You are trained to listen to people, but it is often difficult when the individual is not communicating clearly. Ask for clarification when you need it. If the individual has trouble with “word finding”, use some examples. For instance: If you see bruises on the senior’s arm, you might say “Mrs. Smith, did someone do this to you?” Look at her eyes, reaction and body language. Do not interrupt. Allow the senior to finish her thought before you ask another question. Be patient!

K. Acknowledge feelings
Even if the language is unclear and the cues are confusing, try to recognize the individual’s feelings, by their tone of voice. Let him know that you are aware of how he feels by simple responses: Example: “Mr. Smith, are you angry?” Don’t dismiss his feelings. It gives the individual a sense that you care and that you are trying to understand.

L. Touch
A simple touch can convey approval, caring and security. If you are helping someone to a chair, ask his permission to assist him. Lightly hold onto his elbow.

FYI #4: Again, we must always try to be aware of cultural differences. While a gentle touch on the arm may be comforting to some elderly victims, in some cultures this is considered an intrusion and would be inappropriate by a stranger.

M. Look – Observe - Smell
Watch the individual’s body language. If there are allegations of abuse by a hired or family caregiver, ask them to join you at some point. Observe the victim’s reaction to the caregiver when the caregiver re-enters the room. Observe the victim’s response and comfort level. Observe obvious bruises and signs of neglect, e.g., “grab marks” [finger marks or fingertip-sized bruises which result from the abuser grabbing the senior—usually on the arms], body odor and/or dirty clothing or body.

FYI #5: Grab marks alone do not necessarily constitute elder abuse. Sometimes marks can be left behind when trying to lift someone or help them in/out of the shower. However, grab marks should be considered with the rest of your observations—consider them a “red flag” and investigate further. At the very least, the caregiver may need some help in caring for the senior.
N. Distraction
If the victim becomes distracted by something else going on in the room or he becomes agitated, try to distract him by drawing his attention to something or someone else. For example: “Do you have a picture of your grandchildren?” Once he seems involved in the new conversation, bring him back to what you were talking about and continue the interview.

II. TYPES OF ELDER ABUSE

A. Physical Abuse: Includes all assaultive behavior, e.g., punching, slapping, grabbing, cutting, burning, the use of weapons and/or forcibly restraining the senior.

B. Sexual Abuse: Includes not only forcible or non-consensual touching, but touching where the victim is unable to give consent, e.g., victim suffering from advanced Alzheimer’s Disease.

C. Psychological/Emotional Abuse: Includes intimidation tactics, threats to kill or hurt the senior, a family member or a beloved pet. Threats to damage personal property like sentimental items or to burn down the house. Threats to send senior to a nursing home. Also includes controlling and isolating the senior. [E.g., taking away “assistive devices” or medications as discussed above.]

D. Neglect: The refusal, failure or inability to carry out a caretaking responsibility such as withholding food, medicine, aids [glasses, hearing aids, dentures, walker, etc.]; not providing proper hygienic care; not frequently moving a bed-ridden senior; or not providing needed medical care.

FYI #6: Self-Neglect is the refusal, failure or inability of a senior to properly care himself. While this is not a form of “elder abuse” because it is not being committed by a third party, intervention is necessary to prevent serious harm.

E. Financial Abuse: Using threats to force the senior to give money, power of attorney, or any other access to assets. The unethical use of the senior’s money or assets by anyone including a “friend”, family member or caretaker.
III. HELPFUL TIPS

A. Be suspicious when you see: bed sores, bruises [old and new/various stages], lacerations [old and new/various stages/scarring], dehydration, malnutrition and/or over-medication [to keep the senior sedated so they won’t be “a bother” or “wander”]. **Affirmatively look for “grab marks” and other injuries.** If the senior is wearing a sweater, ask her if she would mind removing it. **Is the victim taking any medications or blood thinners that would cause easy bruising?? Important to know when assessing a situation.

B. Beware of caregivers giving the senior homeopathic or over-the-counter remedies. Find out if the senior is taking these remedies voluntarily and whether the senior is being harmed by them. Should these remedies be taken when the senior is taking prescribed medications? Check with a doctor or pharmacist.

C. When caregiver or companion re-enters the room, watch the senior’s reaction. Does the senior curl up, cover his/her face or genital area? This may be a sign that the companion is an abuser. Also, watch the companion/caretaker. How does that person interact with the senior?

D. Does the caregiver refuse to let you speak to the senior alone? Does the caregiver answer for the senior? This can be controlling behavior, as well as suspicious.

FYI #7: Having bed sores, bruises or poor hygiene isn’t necessarily a condition of old age. [Not all seniors “bruise easily”] It can be a sign of elder abuse. Don’t dismiss it. Look into it further. The senior’s life could depend on it.

FYI #8: If you are not sure whether it’s elder abuse, speak with the ER doctor or hospital social worker. Speak with a geriatrics specialist, if one is available at the hospital. You can also call your local District Attorney’s Office, Adult Protective Services or Office for the Aging. If it is even possible elder abuse, you must investigate further!

FYI #9: Not all cases of neglect are criminal. Many times, family members are trying to care for the senior, but are just not able to properly do so. Other times, family members may be in denial. For example, a husband may not want to face the fact that his wife has Alzheimer’s Disease. He may feel that she is able to care for herself, as she always has. However, she is suffering from malnutrition and dehydration. Clearly these families need help. Your local Office for the Aging will be able to assist them. Many times, the senior may be entitled to services which are free or covered by Medicaid. Speak with the hospital social worker regarding your investigation so the proper referrals can be made. Try to follow-up so the case does not “fall through the cracks”.

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IV. WHAT DO WE NEED TO PROSECUTE?

- Document your observations of the senior including the injuries and reaction to the caregiver.
- Document your observations of the caregiver [Does the caregiver refuse to leave the senior’s side, refuse to let you speak with the senior alone, answer for the senior, etc? Document it.
- Document what the senior tells you—indicate the emotional state of the senior [e.g. crying, shaking and stated that her son beats her.] This is very important because these statements may be used at the trial of the abuser.
- Document whatever the caregiver says to you [e.g. if the caregiver claims the senior fell down—especially if the injury is not consistent with the story.].
- Photograph the injuries and general physical condition of the senior.

**DON’T FORGET TO INCLUDE DATES, TIMES, PLACES AND PEOPLE PRESENT WHEN DOCUMENTING THIS INFORMATION. MAKE SURE THE DATE AND VICTIM’S NAME ARE ON PHOTOGRAPHS, AS WELL THE PHOTOGRAPHER’S NAME.

**REMEMBER--IF IT’S AN EMERGENCY, CALL 911 !! IF YOU ARE LAW ENFORCEMENT AND YOU ARE NOT SURE ABOUT A SITUATION, HAVE THE SENIOR BROUGHT TO A HOSPITAL FOR EVALUATION OR CALL ADULT PROTECTIVE SERVICES.

**BEWARE! DO NOT CALL 911 IN FRONT OF THE ABUSER OR TELL HIM THAT YOU ARE DOING SO. STEP OUTSIDE AND CALL. WAIT FOR POLICE AND TELL THEM WHAT HAPPENED. DO NOT TOUCH ANY CONTRABAND IN THE HOUSE, I.E., GUNS, DRUGS, ETC.. AGAIN, CALL 911. The last thing you want to do is take the contraband to the police station—Murphy’s law will take over…you will get pulled over for a traffic infraction and then get arrested for possession of the gun!

GOOD LUCK!