

Physical Abuse and Neglect: Interviewing, Gathering Evidence, and Trauma Informed Care

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We will show images that **may be upsetting** to some.

You have **permission to leave**.

We are here for you if you have need to talk about your feelings.

Please approach any of us after the talk.

All vulnerable adults have rights.



Self-determination



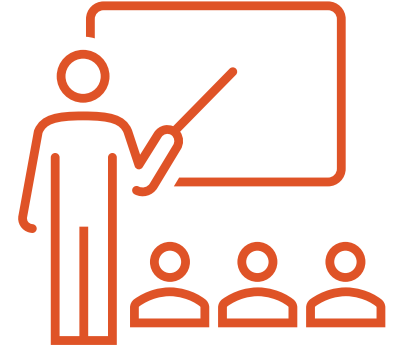
Right to privacy



Right to the
enjoyment of the
highest attainable
standard of
physical and
mental health

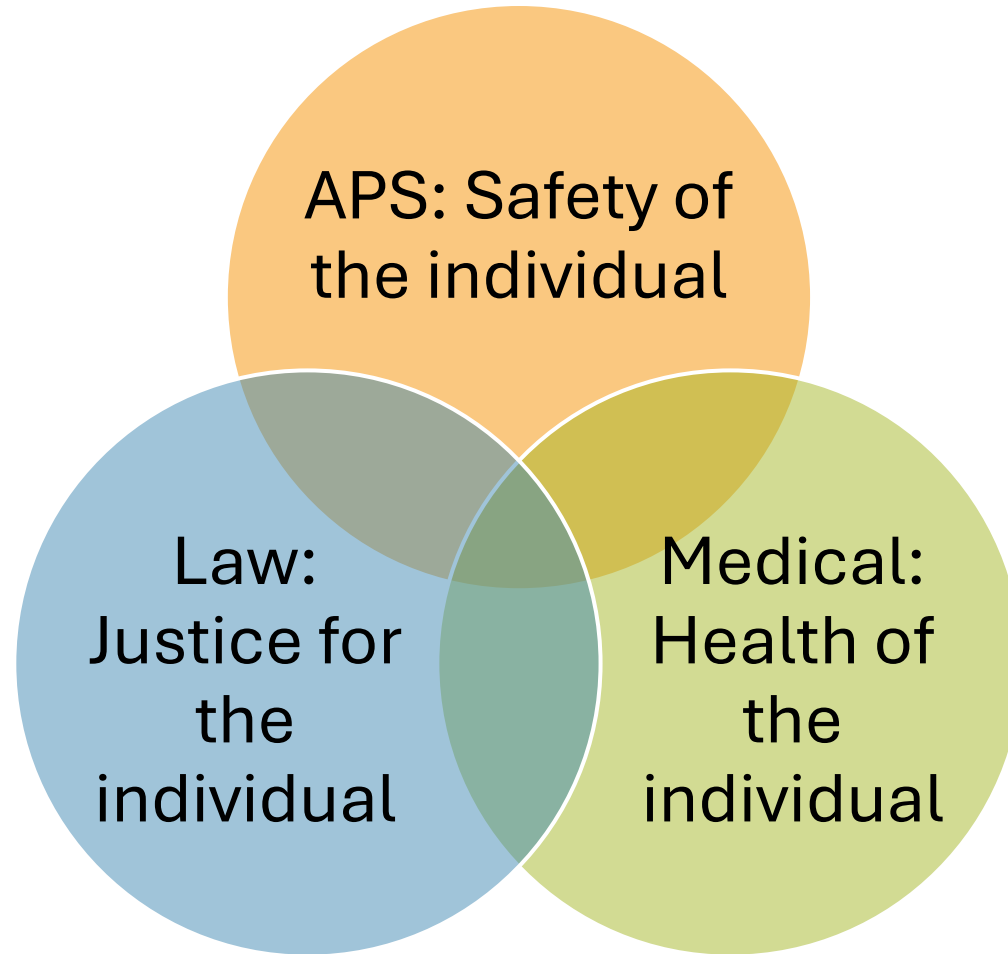


Right to an adequate
standard of living,
including food,
clothing, and
housing, the right to
work



Right to
education

Collaboration is key to detecting, investigating, and prosecuting abuse of the vulnerable adult.



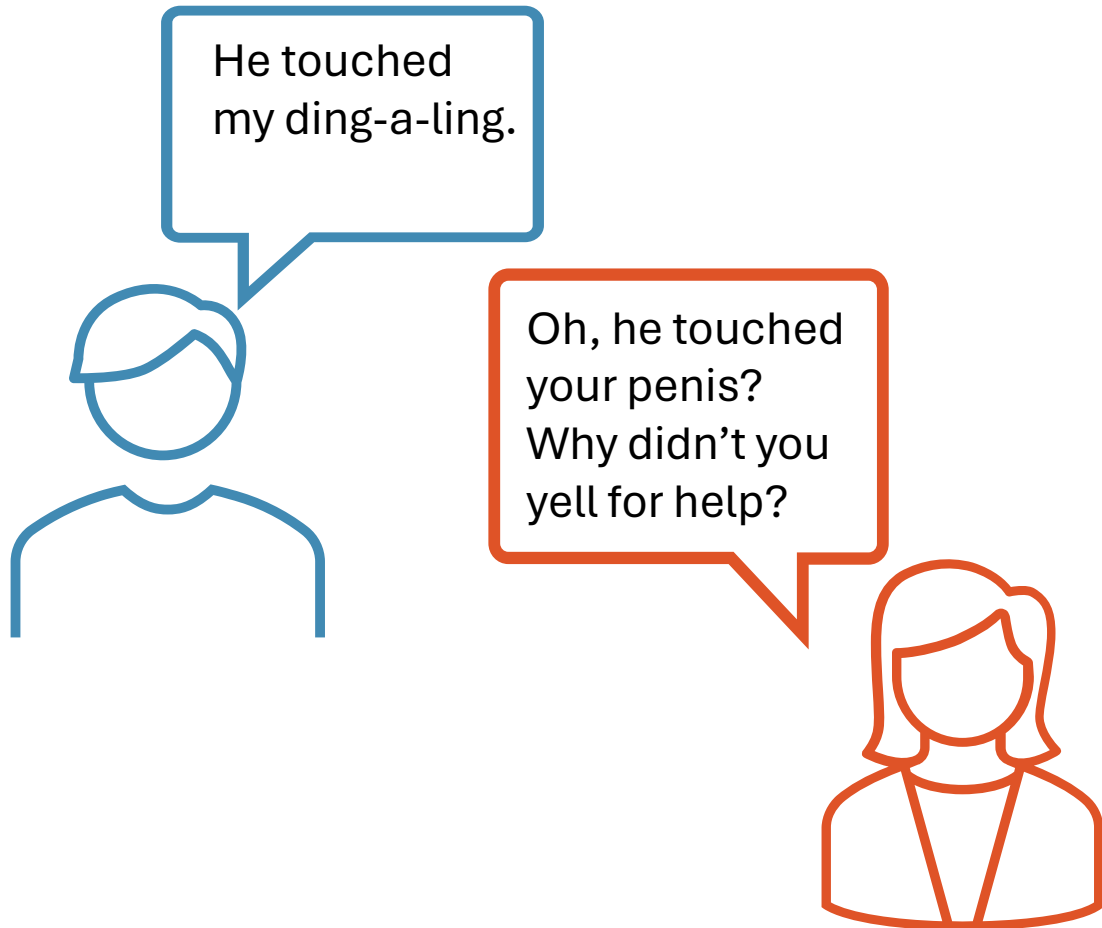
We rely on interviews to gather information. Good interview strategies can help.

AIDET



- **A**cknowledge- Hello [Client],
- **I**ntroduce- I am [name] from [X]
- **D**uration- This only will take about 30 minutes but we can talk as long as you need.
- **E**xplanation- I was hoping we could talk about [X]
- **T**hanks- I appreciate you letting me chat with you.

DO NOT GIVE NEW LANGUAGE...



BUT DO...

- Be on the person's eye level
- Use the client's own words
- Avoid assumptions
- Find something in common with who you are interviewing
- Use trauma-informed care (seek permission before action)
 - “May I ask you some personal questions?”
- Seek permission to touch or respond to an invitation
- Recognize “anxiety” and reassess
- Be aware of your own personal traumas and avoid transference

Self-care

- If you react to a similar case
 - Called "triggering"
 - Seek help from trauma-focused behavioral therapist
 - Consider the element that activated your response
- Often due to a Moral Conflict
 - A moral conflict is a situation in which a person has two moral obligations, which cannot be met both at once
 - Behind these obligations lie conflicting values
- Examples
 - Truth versus loyalty
 - Individual versus community
 - Short-term versus long term
 - Justice versus virtue
- Things to do to stay healthy
 - Talk to team members without revealing HIPAA information
 - Go to therapy
 - Reflect on how you became you
 - Explore personal morals and values
- Personal activities
 - Exercise
 - Find **your** life's philosophy (and for some, faith)
 - Seek similar cases and discover tools in your toolbox used in the past

Abuse and Neglect

The infliction of physical pain, injury, or mental anguish, or the deprivation of services by a caregiver that are necessary to maintain the health and welfare of an adult. A situation in which an adult is unable to provide or obtain the services that are necessary to maintain that person's health or welfare.

Case Study- Person

- African American female
- Age 50 years
- Cognitively impaired
- Group home
- Medications: Escitalopram, Lamictal, Amlodipine, Simvastatin, Aspirin, Multivitamin
- Report received of caregiver hitting residents as punishment



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Gathering Evidence- Interviewing

- [APS]:** Hi X, I'm [NAME] with APS. I am here to talk to you about Mr. X . May I ask you a few questions?
- [Client]: Sure.
- [APS]:** Let me sit, I see you're nervous, but will you tell me about X?
- [Client]: I don't like them. They always yell at me and stuff.
- [APS]:** I can tell. I bet that is how you got that mark on your eye.
- [Client]: *Shrugs*
- [APS]:** It looks like it hurts. I am sorry.
- [Client]: It's okay.
- [APS]:** You say X yells and you and stuff. I don't know what you mean by stuff. Help me understand.
- [Client]: He makes me clean, and take my medicine, and I can't call my friends at night. He's always pinching me! I just don't like them at all.

Gathering Evidence- Interviewing

[Police]: Hi, I'm officer [Name] I am here to ask you some questions. Can you tell me what happened?

[Client]: I don't know.

[Police]: Well, I see your pictures of dogs! I love dogs! I have one myself.

[Client]: What kind? A German shepherd?

[Police]: That's right! He'd be upset to know you got hurt. No one should be hit and if you help me I can make sure whoever does this won't again. Will you?

[Client]: Sure

[Police]: I see you are holding your arm. Does it hurt there?

[Client]: No. *Starting to cry and pulling away*

[Police]: I didn't mean to make you upset but did X do that to you?

[Client]: I don't know.

Gathering Evidence- Interviewing

- [Nurse]:** Hi [client], Thank you for letting me talk with you. I'm Kathy with APS. I want to talk to you for about 10 minutes about your injuries. I am here to find a way to help you. May I ask you a few questions?
- [Client]: *Nods*
- [Nurse]:** I don't know Mr. X. Will you tell me about them?
- [Client]: He comes here at night. I don't know what his job is other than yelling at me and fussing at me. It seems like I'm the only one he yells at.
- [Nurse]:** Oh, I am sure that must be frustrating.
- [Client]: It is! One time he was yelling so much at me I started crying.
- [Nurse]:** What happened then?
- [Client]: Well, I didn't want to take my medicine, and that got him going. His face turned all red and he started cussing and shouting and well I couldn't take it so I started crying...he did not like that...
- [Nurse]:** It sounds like he was being abusive. Is that when he hit you?
- [Client]: I guess.

Gathering Evidence- Interviewing

[Lawyer]: Hello, I am assistant district attorney [NAME]. I am your legal representative. We are going to pursue legal recourse against Mr. X. I need you to describe in great detail all the incidents when he hurt you.

[Client]: I am not sure.

[Lawyer]: Well, let's start with how you got those bruises.

[Client]: Mr. X. I guess.

[Lawyer]: You will have to be more sure when we go into court.

[Client]: Okay

[Lawyer]: How would you describe Mr. X.

[Client]: A mean man. He is abusive.

[Lawyer]: How so?

[Client]: I don't know.

Opportunities for improvement?

How are the roles different? How does that influence their interviews? What went well? What could be improved?

Physical harm vs. serious physical harm

“Physical harm” means an action, regardless of gravity or duration, that:

- (A) Causes pain or injury; or
- (B) Would cause a reasonable person to suffer pain or injury;

“Serious physical harm” means physical harm of such gravity that:

- (A) Would normally require medical treatment or hospitalization;
- (B) Involves acute pain of such duration that it results in substantial suffering;
- (C) Involves any degree of prolonged pain or suffering; or
- (D) Involves any degree of prolonged incapacity;

“Serious psychological injury” means any mental harm that would normally require extended medical treatment, including hospitalization or institutionalization, or mental harm involving any degree of prolonged incapacity



Perspectives on Gathering Evidence

- “If you see one there is another somewhere”
- Documenting with a camera
 - Lighting, curvature, camera type, measurement
- Documenting and storing appropriate records

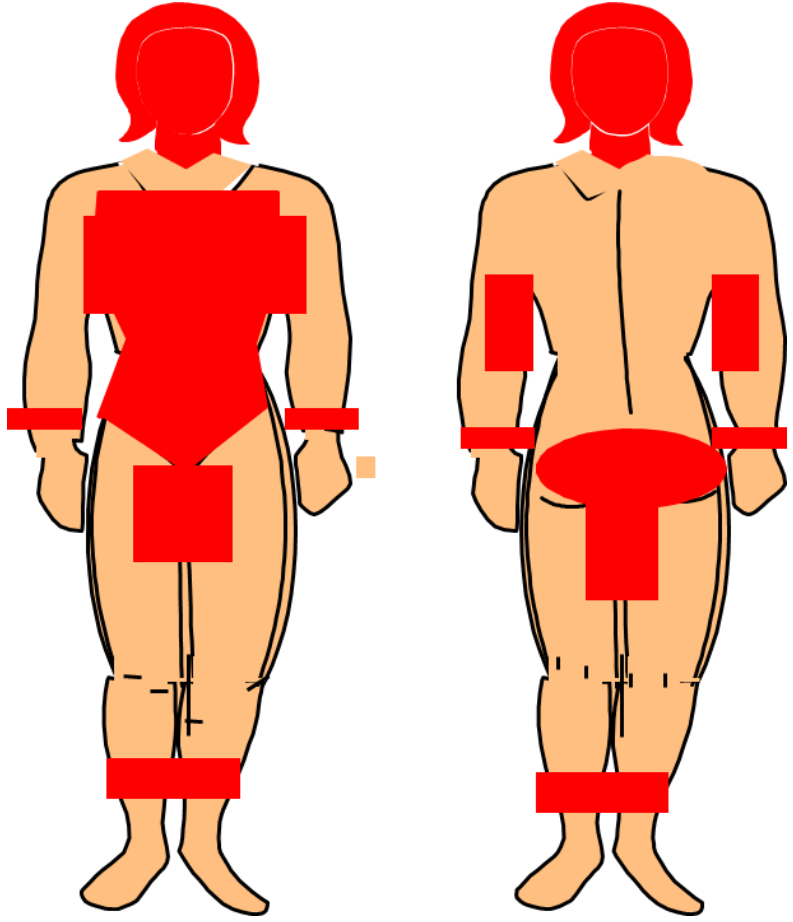


Perspectives on Gathering Evidence

- What about skin tone?
- What medications might impact bruising?
- Measure and show landmarks
 - “Orientation shot and then move in by thirds”
- Is the evidence consistent with the history presented?



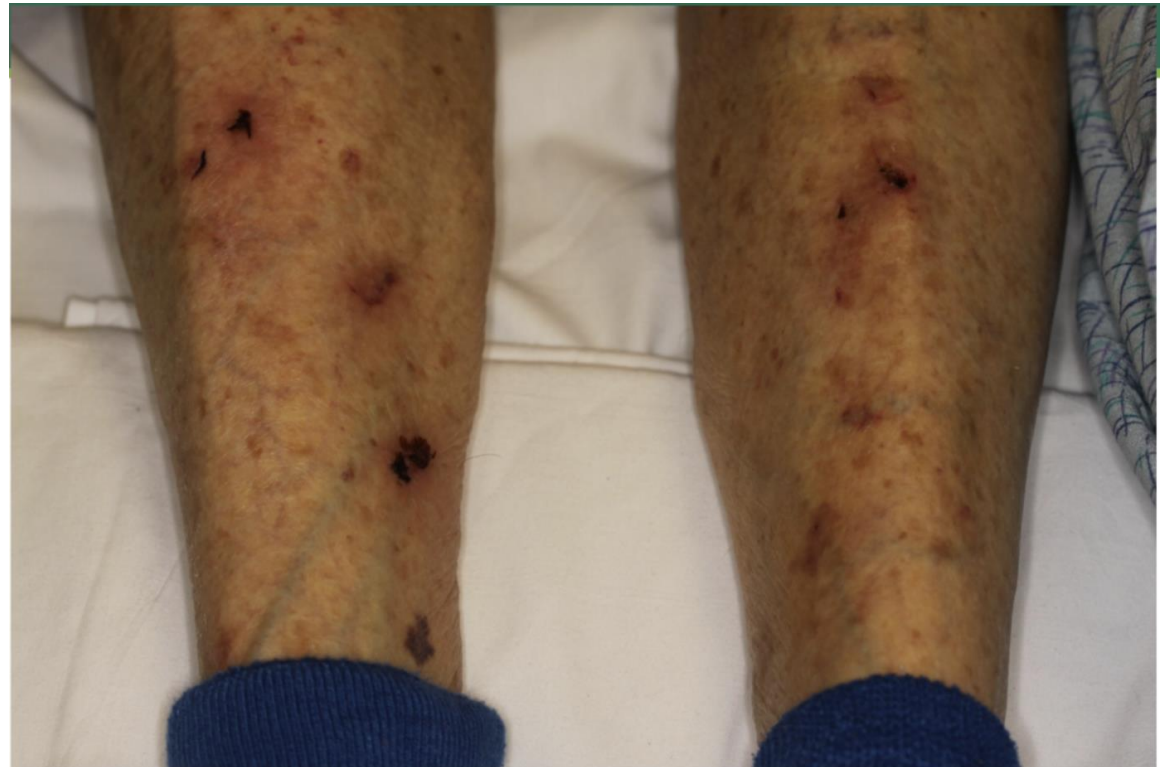
Some locations for high index of suspicion



Some locations for high index of suspicion



Injury or normal aging?



Injury or normal aging?



Injury or normal aging?

A photograph of a person lying in a hospital bed, partially obscured by a green text box. The person is wearing a white hospital gown and is lying on a blue hospital sheet. The green text box is positioned over the person's torso and legs.

Getting a medical opinion is necessary.

Neglect

This occurs when the basic needs of a dependent adult are not met by a caregiver. It may be unintentional, resulting from the caregiver's lack of ability to provide or arrange for the care/services for the adult. It also may be due to the intentional failure of the caregiver to meet the adult's needs. A person with whom the client has a legal relationship such as a conservator, legal custodian, power of attorney (POA), representative payee, etc.

Case Study- Person

- Three-person family home
 - Mother, her boyfriend, and adult son (22)
- Lack of quality formal education
- No consistent work history
- Son is physically and intellectually disabled
- Son's BMI is 19
- Appropriately dressed although clothes are stained and have a strong scent



Are you suspicious yet?

Case Study- Environment

- Multiple family pets
- Large amount of human and/or animal feces accumulated in home
- Mold present in the home
- Older home (early 1950s)
- Hoarding present
- No working bathroom
- Alcohol bottles present



Are you suspicious yet?

Case Study- Interpersonal

- Checks made out to mother
- Boyfriend and mother travel to nearby casinos often being away for week or two at a time
- Son communicates regularly with online girlfriend (?) but never talked via FaceTime
- "Mom does her best and I love her for that"

Are you suspicious yet?

Case Study- Interview

[APS]: I'd like to ask you about you and your mom, is that okay?

[Son]: Sure, what do you want to ask?

[APS]: Talk to me about your mom and how she takes care of you?

[Son]: She lets me talk to my girlfriend all the time. She gives me beer when she gets home from the casino some.

[APS]: Tell me things you are not happy with her about.

[Son]: She stays in her room with her boyfriend a lot so I don't really get to eat dinner much. When she is mad at me she keeps the beer hidden and locks the fridge.

Case Study- Other Evidence

- Medication list:
 - Lamictal (anti-convulsion)
 - Remeron (major depression)
 - MAJOR Side Effects to consider
- Diagnosis:
 - Birth trauma: cerebral palsy and subsequent inactivity
 - Subsequent seizure disorder, not otherwise specified (NOS)
 - Substance use disorder, NOS
 - Reactive behavior to specific stimulus
 - Calm with "beer"
 - Considering the diagnosis: *failure to thrive vs neglect*
 - Defined as a syndrome of weight loss, decreased appetite and poor nutrition, and inactivity, often accompanied by dehydration, depressive symptoms, impaired immune function, and low cholesterol

Lessons Learned

- Same wants and needs as someone without disabilities
- Collaboration between APS, Medical, and Law is essential
- Trauma-informed care seeks permission
 - Centers on the wants and needs of the client
- Use all skills to gather and document evidence
- Poverty and disarray itself is not neglect or self-neglect
- Environmental deprivation is a social determinant of health
 - Seek resources to improve quality of life

Self-Neglect Case Study: Cognition, Capacity, Consent, and a Tool for Caregivers

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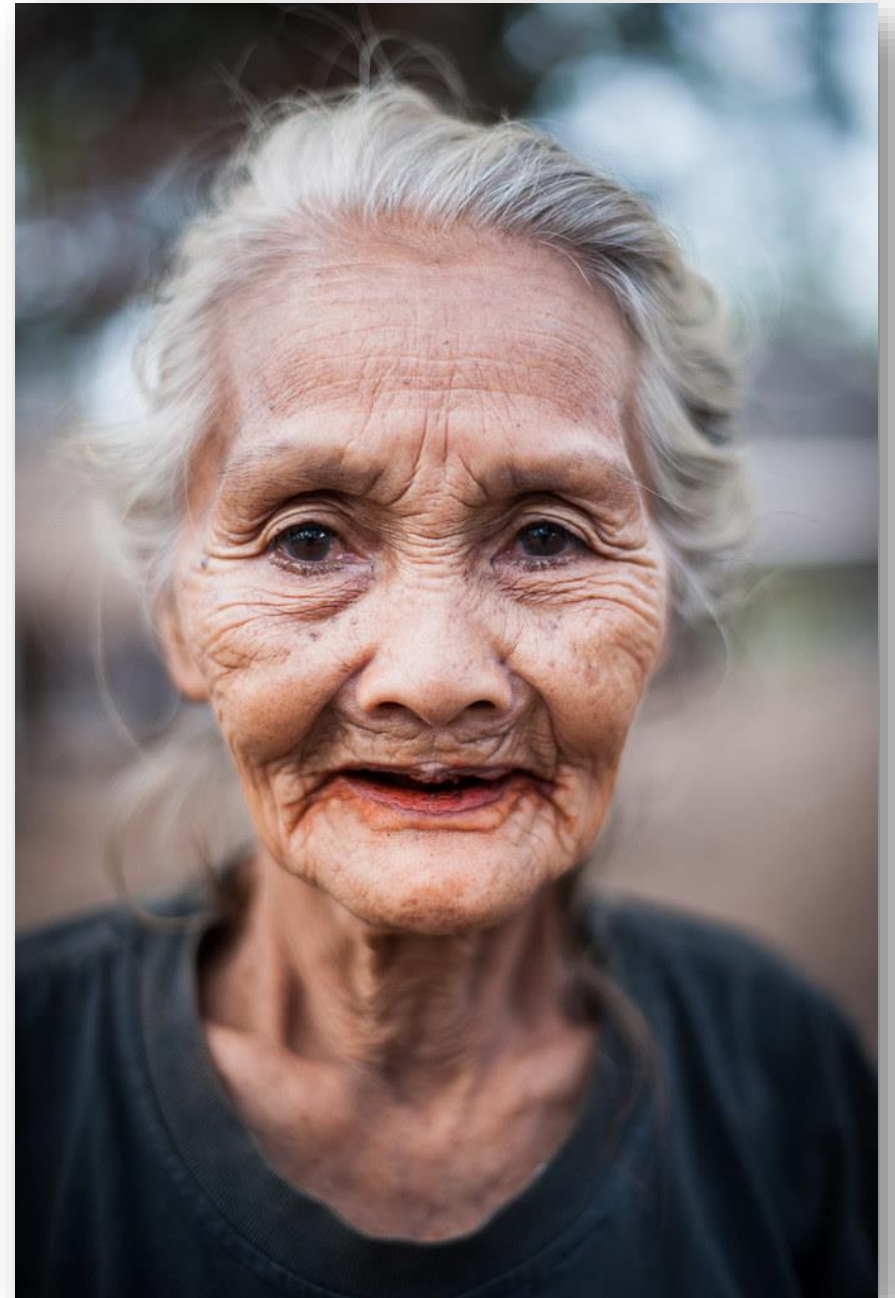
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Self-Neglect

An adult's inability, due to physical or cognitive impairment, including diminished capacity, to provide or obtain services, including medical services, necessary to maintain the adult's own health or welfare.

Case Study

- 88-year-old female
- Community-dwelling adult
- History of sex-trafficking as a young woman
- 2 adult children
- Moved to a mountain community alone
- No phone present in the home and no cell phone present
- Youngest son visits 2-3 times per month
- Oldest son pays taxes but not involved
- On Social Security - \$130/mo



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Are you suspicious yet?

Case Study- Environment

- The trailer home is in disrepair
- No electricity
- Cook on a wood-burning stove
- Old food in pantry
- Evidence of forging present likely used for medicinal purposes
- Canning materials scattered throughout
- Numerous animals (dogs and cats)
- Garden is unkempt
- Well water



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Are you suspicious yet?

Case Study – Cognition

- Not very talkative
- When engaging in conversation quick to change topics
- Does not know the date?
 - Off by a month, not close to date, year is 2023
- Able to recall 1/3 words
- The clock is drawn mostly correct
- Unable to count backward by 7



Are you suspicious yet?

Case Study- Physical

- Scrapes scattered on lower limbs and upper limbs
- Thin (BMI ~18--- underweight)
- Hair is greasy
- Odor of urine and feces
- 2 pack per day cigarette use
- Audible wheezing, shortness of breath with exertion, rounded fingertips
- The client dressed in dirty overalls with rips
- Uses a stick for a cane

Are you suspicious yet?

Isolation considerations

- What does this mean to the older/vulnerable person?
 - Self-imposed? Are they in danger? Will they talk to you?
 - Obvious injury? What about hidden injury (limping...)?
 - “Ask is this the normal behavior?”
 - Trust the informant
 - Does the environment make a difference?
 - In the home? Assisted living? Hospital?
 - Is there evidence within the environment? Dust
 - How does bias impact your investigation?
- What about shame?

Is there evidence of **neglect**?
Self-neglect? Is this a **crime**?

Consent vs. **Capacity** vs.
Competency vs. Undue
Influence

Capacity is determined by a medical provider. **Competency** is a legal determination.

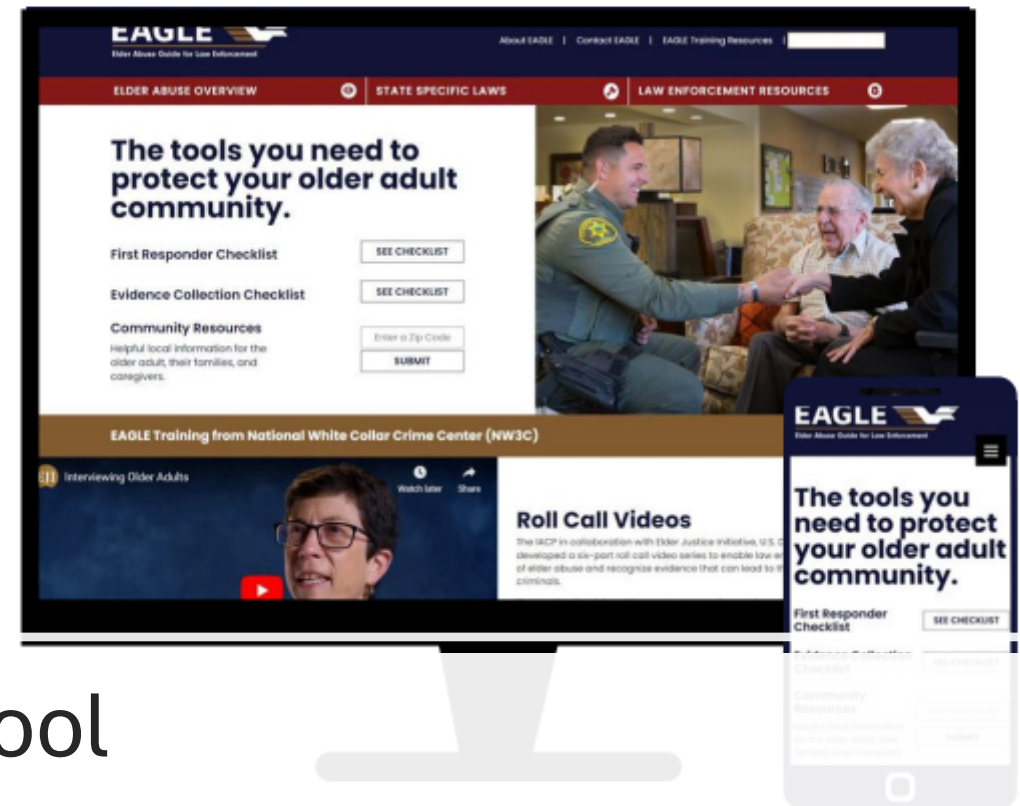
The Elder Abuse Guide for Law Enforcement

EAGLE is a FREE tool that includes resources like:

- **State Specific Laws** – Your state's penal codes & statutes on elder abuse.
- **First Responder's Checklist** – Document the signs of abuse, fillable online and as a pdf. No data is saved.
- **Evidence Collection Checklist** – Keep evidence organized. Created with prosecutor insight. Great for MDTs.
- **Community Resource Referral Tool** – Enter a zip code for local information on resources.
- **Training Opportunities** – IADLEST certified & POST available.
- **Roll Call Videos** – Based off real-life cases of elder abuse.
- **Elder Abuse Overview** – Covers seven types of abuse, questions to consider & actions to take.

Contact: eaglehelp@usc.edu

Visit: eagle.usc.edu



EAGLE Tool

Funded by the Department of Justice.
Developed by Elder Abuse Experts at the University of Southern California.
Cross-tested by Law Enforcement Departments Across the U.S.

Determine Risk – DMES(C) Tool for Families Concerned about Vulnerable Adult (Speck & Baker, 2022)

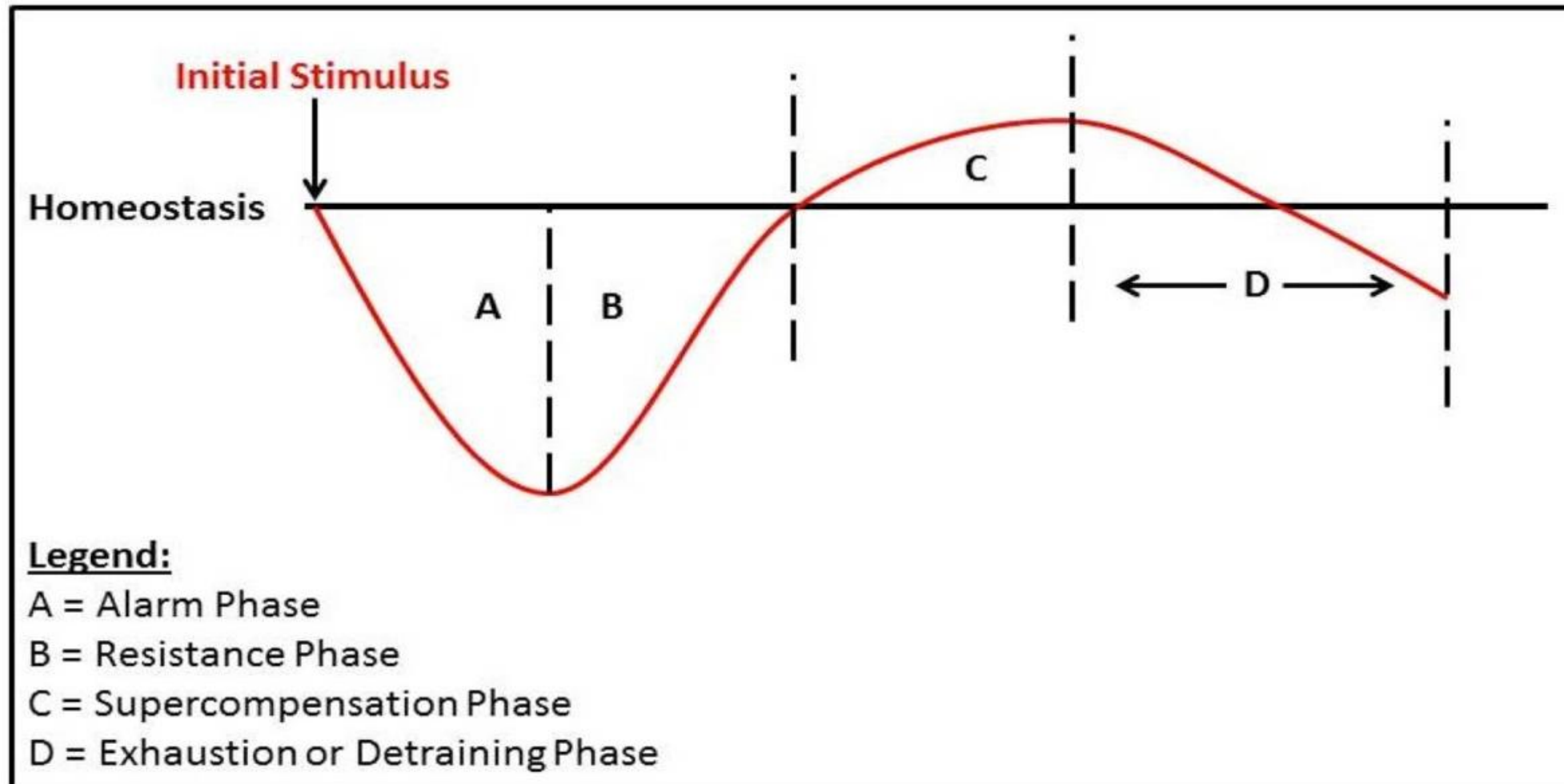
Capacity → Health ↓	Full cognitive function	Obvious Focal decline	Multiple focal and partial global decline	Full global decline
Full physical health/function, managed with medication	Community dweller, handling all aspects of life	Community dweller with minor deficits present, requiring assistance with one ADL	Community or institutional dweller with identified focal deficits, requiring assistance with one ADL	N/A
Mild health/function decline, corrected with medications or activity	Community dweller, requiring assistance with one ADL	Community or institutional dweller requiring assistance with some ADLs	Community or institutional dweller with identified focal deficits, requiring assistance with some ADLs; requiring assistance with some decision- making tasks	Community or institutional dweller with full global decline deficits; requiring assistance with most ADLs; requiring assistance with all decision-making tasks
Moderate health/function decline	Community or institutional dweller requiring assistance with some ADLs; has full decision- making capacities	Community or institutional dweller requiring assistance with multiple ADLs; requiring assistance with some decision- making tasks	Community or institutional dweller with identified focal deficits, requiring assistance with multiple ADLs; requiring assistance with most decision- making tasks	Community or institutional dweller with full global decline deficits; requiring assistance with all ADLs; requiring assistance with all decision-making tasks
Severe health/function decline	Community or institutional dweller requiring assistance with all ADLs; has full decision-making capacities	Community or institutional dweller requiring assistance with all ADLs; requiring assistance with some decision- making tasks	Community or institutional dweller requiring assistance with all ADLs; requiring assistance with all decision-making tasks	Community or institutional dweller with full global decline deficits; requiring assistance with all ADLs; requiring assistance with all decision-making tasks

Why may vulnerable adults die after trauma?

“Every stress leaves an indelible scar, and the organism pays for its survival after a stressful situation by becoming a little older.”

- Hans Selye (1936)

General Adaptation Syndrome (Selye, 1936)



Keep families safe

Bring resources

Identify needs

Reduce risk

Keep people safe

Tools to be better,
stronger, and faster

Support self-determination

Understand capacity

How does this information help you in your
investigation?

Bring **compassion** to each client.

Self-care

Recognize value

Establish Goals

Bring justice

Lessons Learned

- Ageism and bias of the responder influence the investigation
 - Race, religion, poverty, knowledge
- Capacity and competency are not the same
- Assume competent until proven otherwise
- Can the client understand the risk versus benefit
- Neglect is a crime. Self-neglect is not a crime.
- Tools are helpful for each professional.

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- TCA § 39-15-501 et al.