

a specific daily event (such as getting up, showering, eating breakfast, catching the bus to go to work, watching TV, and so forth). Check exact times and sequence with a trusted friend, relative, caregiver, or facility staff person.

Construct each subsequent question building on what the victim has already told you. Since victims with cognitive disabilities can be easily led, it is important not to unintentionally introduce new words or concepts in questioning. Use the victim's exact words and phrases. If she tells you that, after she woke up, she "combed my teeth," make sure you use that exact phrase when building on the victim's information to construct your questions.

Another way to simplify a conversation is to switch from "retrieval" questions to "recognition" questions. As individuals age, they may have difficulty remembering specific words for an object or occurrence (aphasia), and some individuals with cognitive disabilities may have trouble finding the words to describe what they do.

In these instances, officers can ask the older adult victim if she can draw or show the object or what happened, or officers can ask process of elimination questions. If officers believe they know the word the older adult is looking for, officers should not say that particular word. The officers should ask more specific questions, rather than broad questions as a method to help the older adult to grasp a larger concept by addressing components individually, and then tying the pieces together.

Listen patiently and redirect as needed if the older victim digresses. Use memory cues such as "What were you doing before this happened?" Do not discount the alleged abuse simply because the victim has made statements that seem untrue or the result of delusions (i.e., the CIA is watching me or aliens have taken me to their planet). Take statements of abuse seriously and believe what the older adult has said about the abuse unless the evidence proves differently. Be aware that even if the evidence or statements others are providing do not support the allegations, the abuse may still have occurred.

EVIDENCE COLLECTION

COLLECT ON THE SCENE

- Statements from the victim, suspect, neighbors, facility staff, medical staff, family members and witnesses.
- What is being said, how it is being said, when it is being said.
- Overheard conversations.
- Confessions, admissions.
- Document defensive wounds, which may be present on the suspect or victim. Examples include bite marks and scratches on the offender.
- Offensive wounds, which may be present on the victim or suspect. Examples include a broken nose, broken bones, stab wounds, black eyes, etc., on the victim and bloody knuckles on the offender.
- Document damaged clothing on the victim and/or suspect—ripped, torn, bloodstained, buttons ripped off, punctured, etc.
- Weapons—firearms, knives, household objects, or anything else that can be fired, pointed, thrown, stabbed, or swung at the victim.
- Objects used to strike, restrain, strangle, sexually assault, or in any way inflict harm.
- Substances used to poison the elder including poisons, prescribed and non-prescribed medications, herbal remedies.
- Demeanor and emotional states of all parties present.
- Medications and health care records.
- Answering machine messages.
- Written notes or messages from the suspect.
- Handwriting samples.
- Photographs of, including but not limited to, injuries on both the suspect and the victim, damaged items, damaged clothing, location of weapons, etc.
- Telephone listings and addresses.
- Photographs of the suspect's and the victim's living arrangements and conditions if suspect is living in a more comfortable way than the victim (to show the contrast).
- Evidence of bindings or other restraints.
- Soiled clothing.
- Bandages (or absence of needed bandages).
- Bedding (or absence of bedding).
- Inappropriate clothing.
- Lack of food or food that is inappropriate given the victim's dietary needs.
- Medical records that show that caregiver (or others) have been apprised of the victim's health status and care needs.
- Victim's and suspect's clothing.
- Bed linens.
- Toilet paper, condoms.
- Substances used to "drug" the victim.
- Any items used to commit the sexual abuse.
- Damaged property.
- Damaged or disabled adaptive devices.
- Anything that might have been used as a weapon.
- Biological evidence (was medical forensic exam performed?).
- Records from facilities (staff schedules, medical records, nursing notes).

- Checkbooks.
- Bank statements.
- Overdue or unpaid bills.
- Solicitations and correspondence about the older adult's accounts, assets, and insurance plans from financial advisors, businesses, and insurance agents.
- Financial institution records in the name of the victim, name of the suspect, or in both names.
- Tax records before and after assets were given to the suspect (may need to do a joint investigation with the state taxing agency).
- Loan applications.
- Court order applications.
- Civil litigation including interrogatories, answers, depositions, and discovery, including facts supporting a claim or defense, witnesses and their locator information, and supporting documents and other evidence.
- Deeds.
- Credit card applications and history and records of purchase by the suspect.
- Prescriptions and prescription records for the victim.
- Bills of sale.
- Marriage certificates, past and present.
- Pictures from crime scene and crime lab records.
- Data taken from home or work computers.
- Court orders regarding guardianship/conservatorship or POA documents.

OTHER SOURCES OF EVIDENCE

- Other justice records such as the 911 tape and previous reports or arrests.
- APS – past calls, records of previous investigations.
- Health care system/medical records for health status, previous visits (may need signed release).
- Toxicological testing to:
 - Detect the presence of medications, alcohol or other substances that can account for falls or cognitive issues.
 - Look for signs of poisoning, including toxic levels or interactions between medications, herbal remedies, and other substances.
 - Detect the absence of prescribed medications.
 - Determine if the suspect is abusing the older adult victim's medications or prescribed narcotics.
- Aging network (victim may have attended programs and others may have seen bruises or other injuries).
- Paramedic/EMT reports, ambulance run reports.

DOCUMENTATION

HOW TO COLLECT AND DOCUMENT THE EVIDENCE

- Look in medicine cabinets.
- Photograph injuries and living environment.
- Photograph damage to the home that may be due to violence, such as holes in the walls.
- Draw a body map.
- Tape the interviews.
- Take possible weapons or items that caused injuries, such as belts, ropes, knives etc. that may have been involved in the crime.
- Observe power and control tactics – document in report.
- Take damaged clothing/items from the house.

WHEN INVESTIGATING ELDER ABUSE CASES THAT INVOLVE NEGLECT, THE INVESTIGATOR SHOULD

- Look in kitchen cabinets and the refrigerator to check for food.
- Inspect other cabinets to check for other necessities, such as soap, toilet paper, and cleaning products.
- Assess the condition of the exterior and interior of the house, the roof, and yard as well as check if the utilities (electricity, heat, gas, water) work.
- Examine prescriptions and medicine bottles to determine if the victim appears to be receiving the proper level of prescribed medications.
- Assess if money is being spent for the care of the older adult or for the needs and wants of the caregiver.
- Locate paperwork documenting who is responsible for providing care.
- Identify any broken or disabled assistive devices.
- Document observations in a clear, concise fashion.
- Take photographs of the environment and the victim.

ADDITIONAL CONSIDERATIONS

- The older adult victim's demeanor.
- The victim's reactions to or in the presence of the suspect.
- Because multiple forms of abuse often co-occur, officers should look for other
- Contact information for agencies already involved.
- Information about any care providers/agencies.

WHO TO INTERVIEW ON THE SCENE IF POSSIBLE

- The victim
- Potential suspect
- Others present at the scene
- Others who live in the home
- Other residents, if in a facility setting
- Neighbors, relatives, friends
- Professionals, including EMTs, paramedics, nurses, doctors, facility staff, and APS and social workers
- Possible witnesses

POSSIBLE FOLLOW-UP INTERVIEWS MAY INCLUDE:

- Bank and brokerage officials where the victim and suspect currently or formerly have/had accounts to help identify prior spending patterns and any changes
- Accountants and financial advisors with knowledge of the victim's assets, spending patterns, and degree of financial expertise
- Lawyers who have advised the victim and the suspect and who may be aware of changes in wills or advanced planning documents or the execution of a recent power of attorney
- Adult protective services, health and human services and case managers
- Medical/mental health professionals/pharmacists who have knowledge of the victim's history
- Service providers such as hairdressers and barbers, dry cleaners, mail carriers, meter readers, or local restaurants with knowledge of the victim, including behaviors and level of functioning over time
- Employers and clergy to describe the victim's past behavior patterns as well as recent losses and changes in health, socialization or living situation
- Retail professionals such as car dealerships or jewelers where significant purchases have been made
- If suspect is a licensed professional, experts in the same field to analyze and advise on the profession's standard of practice, appropriate professional conduct, ethical principles, and relevant rules for dealing with clients
- Experts to analyze case facts, suggest areas of investigation, and testify
- Other care providers if there is more than a single caregiver
- If a paid caregiver is involved, the agency that hired the caregiver
- If case is reported to law enforcement or APS, anyone who contacted the agency if that information is legally available

SAMPLE QUESTIONS: VICTIM'S OF FINANCIAL EXPLOITATION

- How do you decide how to spend your money? For giving gifts?
- To whom have you previously given items of value? On what occasions?
- Have you signed anything you did not understand? Details?
- What is your educational background? Any jobs or professional positions?
- Do you have a will? Any recent changes to it? Why?
- Were there changes to the people who are to receive bequests? The amount they were to receive? Any new beneficiaries?
- What has your relationship been to the people in the first will? What changes have there been?
- Have you always managed your finances? If not, who did? When did you begin managing your financial affairs? Do you find it difficult? Has anyone offered to help you?
- Do you live on a fixed budget?
- Do you have concerns about having enough money to last for your lifetime? To provide inheritances? For whom?
- What advanced planning have you done? Who assisted you with those plans? Are there written documents? Where are they?
- Have you changed your plans? If so, in what way? When? Why? Did someone suggest that you make those changes?
- Did you consult your attorney/financial advisor or a professional in making the changes? Was it the same professional who helped with the original documents? If not, is there a reason you went to someone else?
- Who suggested the new professional to help you? Did someone drive you to the meeting where the new documents were prepared? Who witnessed the signing? Who was present during the meetings with the professional? Who paid for the professional's services?
- Did anyone explain what the changes meant? What do you understand them to mean?
- Where do you bank? How long have you banked there? Have there been any changes to your bank accounts? Any names added to the account? Any new accounts opened? Where are monthly statements sent?
- Have you checked the statements recently?
- How much money is in your checking account? Savings? IRAs? Other accounts? If there have been changes, who selected the new bank?
- Did anyone drive you to the bank to make the changes?
- Have you executed a power of attorney?
- Who have you designated to be your decision maker? Did you have another POA? Who was the decision maker in the earlier POA? Why did you make the change? Who suggested it? Who drafted it?

SAMPLE QUESTIONS: SUSPECT

Be aware that interviewing the suspect may increase the danger for a victim. During the investigation and while interviewing the suspect, officers should continually assess for the level of danger.

FINANCIAL EXPLOITATION

- What is your relationship with the victim? For how long? How did it begin?
- Does the victim need assistance with financial matters? Other parts of his or her life? Have you helped the victim with these matters? How? Has the victim discussed financial matters with you? Who completes the victim's checks?
- Are you a joint account holder on any of the victim's accounts?
- Are you employed? Does the victim pay you to assist him or her?
- What training or experience do you have in financial matters? (where relevant)
- Where does the victim bank? Does s/he have brokerage or investment accounts? Have there been any changes in these? If so, how did the changes come about?
- Regarding each transaction, describe how it occurred. What did the victim say or do about them? Are there any other persons who may be able to confirm this information?
- Do you have any legal authority to act on the victim's behalf, such as a power of attorney or guardianship?
- Have you made purchases for your own benefit with the victim's money or assets? Did the victim agree or consent? Describe.

UNDUE INFLUENCE

- How often does the victim see family and friends? Who?
- Has the victim sustained recent losses or changes in health?
- Does the victim watch the news? Listen to the radio? Read a newspaper?
- Does the victim regularly attend activities outside the home? Are you usually present?
- What upsets or frightens the victim?
- How do you assist the victim when s/he is upset or frightened?
- Have you encouraged the victim to make gifts or purchases, or investments? Describe.
- In these instances, were decisions made promptly?
- Did the victim talk to his or her own accountant or advisor or family member? Were you present?

SAMPLE QUESTIONS: NEIGHBORS, WITNESSES, AND OTHERS

FINANCIAL EXPLOITATION

- Has the victim suffered a personal, financial, or other loss?
- Is the victim ill? Have there been any recent changes in health status?
- Is the victim depressed? Is there any history of mental illness, including depression?
- Is the victim isolated? In what ways? By whom?
- What is the relationship between victim and suspect? Has it changed over time?
- How does each party characterize the relationship?
- Is the victim "different" since the suspect entered the victim's life?
- Does the victim engage in the same activities as before the suspect entered the relationship?
- Is the victim seeing the same visitors and family as previously?
- What relationship did the victim previously have with family members?
- Have you noticed any changes in the victim's behavior?
- What did you see?
- What caused you to be concerned and to report this incident?
- How did you get this information?
- Did you witness any of the reported incidents?
- Are you worried that providing information may affect (employment, friendship, safety)?
- Is there anyone else who has regular contact with the victim with whom we should talk with?

CHALLENGES WHEN INVESTIGATING ELDER ABUSE

VICTIMS WITH ALZHEIMER'S DISEASE OR DEMENTIA

Working with victims of dementia can create special challenges. Some accounts of victims with dementia who report abuse are dismissed because the older individual is not seen as a credible reporter. Keep in mind that a crime may have occurred, even if other things the person says are not likely or possible. Perpetrators often target victims they know will not be good reporters and will not be believed.

Another challenge when victims have dementia is consent. In some cases, spouses or partners will engage in sexual activity with an older individual who no longer has the ability to consent, especially those living in facilities. The spouse may claim it is his right to continue to have sex with his wife even though the law may disagree.

PERPETRATORS WITH DEMENTIA OR ALZHEIMER'S DISEASE

A person with certain types or stages of dementia may display inappropriate behavior. The person may not know what he is doing. Regardless of the intent, victims of these behaviors are impacted, and steps should be taken to protect the victim from further attacks. It is also important to offer supportive services to the victim.

If an officer is told that a suspect has Alzheimer's disease or other dementia, contacting your local APS, Crisis Response Team or a Dementia Diagnostic Center may be more appropriate than arrest. These agencies can help assess the situation and identify interventions. Officers should be aware that standard intervention techniques may actually exacerbate a person with dementia's aggressive behavior. Avoid actions that could startle or be perceived as threatening – coming up from behind or touching when not in the person's view, loud noises (siren), physical restraint.

Adapted from: *To Live Without Fear and Violence: Sexual Assault and Domestic Abuse Against Older Individuals*, Wisconsin Coalition Against Sexual Assault, Inc, 2004.

SUSPECT JUSTIFICATIONS AND DEFENSES – FINANCIAL EXPLOITATION

DEFENSE OR JUSTIFICATION	INVESTIGATION CONSIDERATIONS
Loan	<ul style="list-style-type: none"> • What is the capacity of lender? • Is there written proof of the loan including the amount and period of loan and were other loans made? • What are the terms of repayment and were any repayments made?
Gift for self of children	<ul style="list-style-type: none"> • What is the capacity of the donor? • What is the value of the gift? • What is relationship between donor & victim? • Is there evidence of donor's intent to make a gift? • Why was a gift made? • Where any promises or other inducements made?
Services Provided	<ul style="list-style-type: none"> • What is the capacity of the victim? • Is there evidence of actual permission? • Were there promises or other inducements to get permission? • Who benefited? • How often was permission used? • What is the value of items obtained? • Did victim understand what permission was used to do?
Quid Pro Quo (<i>"She lets me live with her in exchange for helping with errands."</i>)	<ul style="list-style-type: none"> • What is the capacity of the victim? • Was the marriage reasonable given the relationship between the parties? • Was the suspect legally able to marry? • Are there any suspect misrepresentations?
Favor (<i>"She freely gave me use of her car as a favor to me."</i>)	<ul style="list-style-type: none"> • What is the capacity of the victim? • Who benefits from the favor; what did victim receive in return; is the benefit reasonable? • How does it fit prior financial planning and actions of the victim? • Did suspect receive payment to provide care? • What is victim's relationship to business or person?
Lack of Knowledge (<i>"But I do not know her PIN."</i>)	<ul style="list-style-type: none"> • What is the contrary evidence? • Did the suspect have access to information? • Were there other acts for same goal? (e.g., forged her signature to get an ATM card in victim's name).
Legal authority	<ul style="list-style-type: none"> • What is the capacity of the victim? • Is there legal authority in writing? • What does the legal authority cover and what are expressed or implied limitations?
"The victim is crazy"	<ul style="list-style-type: none"> • Is there a medical opinion of victim's mental health? • Are there statements from friends and family about victim's behavior

	<p>prior to and after suspect came into victim's life?</p> <ul style="list-style-type: none"> • Does the victim take any medications? • What was the victim's behavior around time of questioned events? Is this conduct consistent with earlier times?
"I'm the real victim."	<ul style="list-style-type: none"> • Who is benefiting financially?
<p>We're in love/ married/in a relationship." "We're family." "She's like a mother to me, therefore, we share resources."</p>	<ul style="list-style-type: none"> • Who is benefiting financially? • What is true nature of relationship? • Are any cultural norms relevant for consideration? • Does suspect have other relationships or marriage licenses? • Does suspect have other income or debts? • Are victim's basic needs met?
Purchase made as part of care	<p>Is there evidence of purchase being used to provide care? Is the purchase necessary for care?</p>

Excerpts taken from Barron, T. (1998) Financial Exploitation of Infirm Adults – A Prosecutor's Perspective, Violence Against the Elderly and Disabled, 1(4), 53 – 64.