Gathering the Information

Gathering evidence is necessary to support your findings. While the investigator may make an accurate clinical judgment, without concrete, factual evidence to support your findings, the investigator will not be able to legally support/ act on the findings.

The purpose of this document is to list evidence that could be gathered to support your findings. Not everything will be readily apparent upon a first visit, and it is more important to maintain rapport. Pushing individuals in this situation can hamper future relationships or willingness to seek or accept help. Sometimes a second visit is warranted to gather the information because on the first visit, the individual is uncertain of your presence and purpose.

The investigator must make a clinical judgment as to how far to push the individual to gather necessary information. Investigators must weigh risk versus maintaining a cooperative relationship.

## **Pulling up to the home:**

* Upkeep of the home and landscaping. Is this a new condition or long-term?
	+ Are there holiday decorations? If so, a recent holiday?
	+ Is the home in good repair, but the lawn not mowed?
	+ Is the home in general disrepair from long-term neglect?
* Which path to the doorway looks used? Does it appear no one is going in/ out?
* Are there pets outside? How do they look? Is there food and water?
* Is there mail or newspapers piled up?
* If the car is visible, are there dents? (indicating difficulty driving)
* Is there an odor? (It is helpful to document if the odor can be smelled from the outside because it can be an indicator of the intensity of the smell)

## **At the door:**

* How was the door answered? Were you allowed entry without explanation?
* How did the individual ambulate?
* Make note of grooming (hair greasy and looking unwashed) clothes clean
* Make note of the type of clothing based on the situation. Is it weather appropriate?
* How hard was it for them to open the door?
* If you can only see the inside through the doorway, if possible note:
	+ Is there a clear path to the door? Clear enough for emergency personnel to enter if needed?
	+ If it is notably cluttered, what is it cluttered with? Garbage, spoiled food, and soiled discarded clothing is an indicator of inability to care for self, but piled papers, knick knacks may indicate functional/ dysfunctional hoarding.
	+ Is there an odor? What is it? Urine, spoiled food, unwashed clothing, feces, or body odor.

## **In the home:**

* Is the area functional? Can they use the kitchen, get to the rooms, bathroom useable?
* Are plants and pets well cared for?
* Are there pots/ pans in the sink? (this would indicate cooking with stove)
* Can you see any food?
* Is there mail out and opened or just in a pile unopened?
* Is there a “command center”? This a chair with necessary items stacked around them such as the remote, food, water, phone, medications. (this may indicate difficulty getting around)
* If you can see medications, are laying out or neatly organized?
* Are there pictures of family members? (potential social support)
* Religious artifacts? (May have a church community to provide support)

## **General Evidence During an Interview:**

*Quotes, Quotes, Quotes. The best evidence*

### If There is an Alleged Perpetrator that is Present

* Does the alleged perpetrator seem reluctant to leave investigator alone with the adult-at-risk? If so, what evidence supports that assertion. For example, ask why, argue their presence is necessary, leave but stay within hearing distance.
* Does the adult-at-risk look to the alleged perpetrator before answering?
* What physical reactions does the adult-at-risk have to the alleged perpetrator?
* Does the alleged perpetrator answer for the adult-at-risk or continually correct him/ her?
* Be wary of any attempt to negate any allegations on the grounds that the victim does not have sufficient mental capacity to understand what has occurred or is confused about the situation and misrepresenting it.
	+ Be prepared to challenge any explanations or assumptions regarding the mental capacity or physical incapacity of the victim (regardless of the source) without sufficient evidence to support it.

**Interviewing the Adult-at-Risk**

* Who is in their life, how often to they see them and what do they do for them?
	+ It may establish a collateral contact to verify the allegations in the interview.
	+ It may establish a future reporter should the situation change.
* Do they have means and capacity to contact someone in an emergency?
	+ What would they do if the toilet overflowed or the power went out?
* Who is their doctor/ clinic and when is the last time that they saw him/ her?
	+ May establish contact to provide medical information
	+ May establish a contact to complete a Report of Examining Physician if warranted.
* If a criminal activity is disclosed,
	+ Establish a timeframe and frequency. (May use holidays or seasons to verify or narrow the timeframe.)
	+ Establish what harm was caused, for example bruising, amount of money or medication stolen.
	+ Avoid leading questions. Best practice questions, “and then what happened? What else was going on around that time? Did you tell anyone else about this?”
	+ Was there an obvious physical reaction to the subject?
* Do their explanations for the alleged abuse/ neglect fit?

## **Allegations of Cognitive Impairment**

### Alleged Dementia Concerns

* Did the individual repeat themselves? How often and in what timeframe?
* Word-finding difficulties?
* Difficulty keeping on topic?
* Disorientation – inability to tell date, time, location or event;
* Inability to recall recent events or accurately report a recent newsworthy story;

### Alleged Dementia/ Mental Health Concerns

* Disordered thought processes – paranoia, delusions, inability to answer questions coherently;
* Inappropriate affect – unprovoked angry outbursts, unexplained laughter or tearfulness, depression / withdrawal from others;
* Constant movement, repetitive actions, verbal or physical aggression;
* Attending to outside stimuli

### Alleged Intellectual Disabilities

* Was the individual concrete in their thinking? Cite an example.
* Are they adequately able to communicate their needs?
* Are they able to follow two or more step directions?
* Do they understand the extent of their impairment? Unrealistic plans for instance.
* Are they able to make and maintain friendships? With people of their own age group?
* Did they maintain appropriate physical boundaries?
* Who do they say is “in charge”?
* Who do they talk to when they have a problem? How do they reach him/ her?
* How do they define abuse and/ or neglect?
* How much does a loaf of bread cost?

### Alleged Substance Abuse Issues

* Cans/ Bottles
* Self-report of how much they are drinking
* Evidence of intoxication during the interview may include odor, slurred speech, bloodshot eyes, stumbling, or swaying while standing;
* Evidence of chemical impairment may include jittery, hypervigilant behavior or nodding off during conversation.

### In All Allegations of Impairment

* Inability to understand problems or medical conditions and consequences of failure to receive treatment for those conditions; quote statements to support this assertion.
* Denial of problems or consequences of untreated medical conditions, failure to recognize problems or develop plans for dealing with them; Cite quotes
* Failure to report or resist abuse, exploitation or neglect by others;
* Thoughts of suicide, homicide or self-injury. (Ask if they are thinking about killing themselves--referral to crisis)