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Clinical Practice

Interviewing Alleged Perpetrators

by Holly Ramsey-Klawnsnik, Ph.D.

Previous columns have discussed investigating alleged abuse and interviewing suspected victims who are elderly or disabled. This column addresses interviewing suspected perpetrators. The information is primarily directed towards professionals conducting civil investigations, such as Adult Protective Services, licensing, and regulatory personnel. Law enforcement officers may find many of the clinical principles discussed applicable to their work. The forensic distinctions between a civil and criminal alleged perpetrator interview, however, prohibit a thorough examination of both in one column.

Importance of Conducting Interviews

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

Fairness. A core value of our society is providing people accused of wrongdoing an opportunity to respond. They are entitled to understand the allegations, present evidence in their own behalf, and clear up misunderstandings. It is helpful to have suspected perpetrators provide a written statement of their response to the allegations. This ensures that their positions are accurately recorded, and also protects investigators from

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Case Study

Elder Abuse Manslaughter Case Between Gay Domestic Partners

by Joyce DeMonnin, M.P.H., and Jim Fun, J.D.

A few weeks before Christmas in 2002, a police report came into the Elder Safe Program, a victim assistance program for people 65 and older and people with disabilities. A 71-year-old gay man, Hobart Muir, had been pulled out of a cheap hotel and taken to the emergency department of a major Oregon hospital. Uncharacteristically, I burst into tears. Not that I have never cried before over an elder abuse case. Sometimes that just cannot be helped when you work with elderly victims. The inhumanity of elder abuse can be overwhelming. This one in particular broke my heart for several reasons, even though I had never personally met the man. Our community had tried to help Muir for the previous two years and nothing we had tried seemed to work. Now he was in intensive care, and there was much uncertainty if he would live.

He died on December 19 and his intimate partner, Oscar Duenas, 52, was soon thereafter charged with manslaughter. The following is a case history.

In August 2003, the state of Oregon prosecuted Oscar Duenas, 52, for assisting in the suicide of his intimate partner, Hobart Muir. Although Oregon was the first state in the country to enact a "Death with Dignity" law allowing physician-assisted suicide, aiding a suicide without the assistance of a physician is prosecuted as a crime. Duenas was convicted of second-

degree manslaughter, second-degree attempted manslaughter, and fourth-degree assault in connection with the death of Hobart Muir, 72, who had been his intimate partner for 10 years.

The issue of elder abuse domestic violence is fraught with complications in heterosexual couples. This issue has been well documented and addressed throughout the country. More problematic and less understood by service providers within the criminal justice system are elder homosexual couples with a history of domestic violence.

Lack of Awareness About LGBT Domestic Violence

Even among the younger population, "there remains an extraordinary lack of awareness and level of denial about the existence of this type of violence, both by those who are part of the LGBT (Lesbian, Gay, Bisexual, and Transgender) community as well as those in the 'mainstream' anti-DV movement," notes the Report of the National Coalition of Anti-Violence Programs. (The National Coalition of Anti-Violence Programs, *Anti-Lesbian, Gay, Bisexual, and Transgender Violence in New York-2002: A Report of the New York City Gay & Lesbian Anti-Violence Project* (2003).)

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later being accused of misrepresenting information. Written statements are particularly useful during facility investigations of alleged abuse by care providers. They should be obtained as quickly as possible following an abuse allegation.

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

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

Foundation for Successful Intervention. Experience demonstrates that many victims remain in relationships with their perpetrators. This is especially common when the victim has an emotional connection to the perpetrator, such as in domestic cases. When this occurs, the perpetrator may be in a position to cooperate with needed services or to sabotage them. Securing the alleged perpetrator's cooperation can facilitate successful intervention. The interview is the first step in this process.

Reasons Not to Interview the Alleged Perpetrator

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

Risk to Suspected Victim or Suspected Victim Refuses. Some victims are justifiably worried that abuse will escalate if their perpetrators learn of investigative activities. In some jurisdictions, the interview cannot occur if consent is not given by the victim. Investigators must learn and comply with regulations governing their particular agency. Even in jurisdictions where there is no prohibition against interviewing without the consent

of the suspected victim, it may be contra-indicated if there is evidence that it will endanger a victim. When staff decides to go ahead with an alleged perpetrator interview, careful planning and preparation is critical to ensure a victim's safety. Interview planning is discussed further below. Deferring the interview should be considered if the alleged perpetrator has power or authority over the suspected victim. In some cases, steps can be taken to terminate this authority prior to interviewing. For example, during facility investigations staff accused of abuse should be placed on administrative leave and prohibited from contact with residents pending investigation outcome. A court order can block a domestic perpetrator's opportunity to intimidate the victim.

Risk to Investigators. Safety is a prime concern in planning and conducting investigative activities. Interviewing is contra-indicated when there is evidence that an investigator would be placed in danger by interacting with an alleged perpetrator. In some cases, steps can be taken to protect investigators, such as interviewing in an office or involving the police.

Preserve safety by promptly and politely terminating an interview if an alleged perpetrator's demeanor or behavior appears dangerous. This might involve situations of intoxication, active psychosis, or rage. Then strategize how to protect suspected victims and complete the investigation.

Compromise to Criminal Investigations. Ongoing criminal investigations can be compromised by a civil investigator's interview. Law enforcement officials may request that this interview be deferred to avoid contaminating criminal fact-finding. Civil investigators aware of an active criminal investigation in a particular case should coordinate with law enforcement in planning interviews.

Planning Interviews

When planning the interview the following factors are taken into account.

Safety. During investigations of abuse within the community, the interview is typically deferred until after the suspected victim interview and collateral data-gathering. This is done to minimize the risk of a perpetrator intimidating a suspected victim or other witnesses into refusing to cooperate with an investigation, or into providing false information.

Information from collaterals and the suspected victim is then used to plan the interview. Based on that information, does it appear the allegation may be valid? If so, what type of perpetrator does this seem to be? Abusers are a heterogeneous group exhibiting a variety of behaviors and motivations. A typology follows which conveys the range of characteristics observed in abusers and dynamics often associated with their offenses. (See also Holly Ramsey-Klawnsnik, "Elder Abuse Offenders: A Typology," 14 (2) *Generations* 17-22 (2000).) Some genuinely care for the suspected victim, but have lapsed into abusive behaviors due to a lack of adequate knowledge, ability, resources, or coping mechanisms. Others range from narcissistic to sadistic. Their behavior is severely harmful and criminal. They pose a greater risk to both investigators and their victims and are motivated to avoid criminal justice consequences.

Interviewing as quickly as possible after alleged perpetrators have been placed on leave is recommended in facility cases. Typically, written statements are secured prior to questioning.

Consider safety risks when planning interview conditions, such as timing and location and the advisability of interviewing alone. Guidance is provided in Heisler and Brandl. (C. Heisler and B. Brandl, "Safety Planning for Professionals Working With Elderly and Clients Who Are Victims of Abuse," 4 (5) *VED* 65 (Jan./Feb. 2002); C. Heisler and B. Brandl, "Agency Policy Considerations and Training Issues for Victim and Worker Safety," 5 (1) *VED* 1 (May/Jun. 2002).)

Special Accommodations. Some alleged perpetrators require communication accommodations as discussed in the previous column. (Holly Ramsey-Klawnsnik, Ph.D., and Lisa Klawnsnik, J.D., "Clinical Practice: Interviewing Victims With Barriers to Communication," 7 (4) *VED* 49 (Nov./Dec. 2004).) For example, if an alleged perpetrator with a hearing loss is accused of abusing his wife, a special listening device may be required to interview. If a facility worker who does not speak English is accused of abusing a resident, a certified interpreter will be required.

Conducting Interviews

Providing Essential Information. Investigators explain their roles prior to eliciting information. Alleged perpetra-

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tors are told of the reported abuse and the specific allegations. They are informed that:

1. They are reported to be responsible for the abuse;
2. The purpose of the meeting is to conduct an investigatory interview; and
3. They do not have to provide information if they do not wish.

Alleged perpetrators often respond with alarm and questions. In answering, investigators protect reporters' anonymity and remain truthful. Often, individuals do not know when a government worker has discretion and when actions are mandated by laws or regulations. For example, alleged perpetrators may believe that investigators refuse to tell them who reported abuse because they have already formed bias against them, or are simply not interested in providing a full and fair opportunity to respond. Emphasizing that the law prohibits revealing the identity of reporters lessens hostility. Inform suspected perpetrators that conclusions will not be drawn until after receiving their input. This may help to secure cooperation.

Some alleged perpetrators display anger. Investigators are not expected to tolerate abusive treatment, nor should they return hostility. Professional response may help to secure appropriate behavior. If not, the interview may need to be terminated to preserve the safety of all involved.

Collecting Information. Information is collected via three methods: observation, questioning, and requesting relevant records. Case specifics dictate appropriate questions and records. Investigators observe the alleged perpetrator. They may also observe interaction between the alleged perpetrator and suspected victim if this contact is ongoing. Generally, attempts are made to gather information regarding the following.

1. **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 care to the suspected victim. Does he or she appear capable of appropriately caring for a person with

special needs? Consider cognitive, emotional, social, physical, and financial aspects of functioning, along with the alleged perpetrator's schedule and willingness to assist the suspected victim.

2. **Relationship With the Suspected Victim.** Information is sought regarding the alleged perpetrator's relationship with the suspected victim. Are they related by blood or marriage? If not, what is the nature of the relationship and how long has it existed? What is the apparent motive for involvement with the suspected victim, especially if it is a new relationship? It is useful to ask for a description of the suspected victim's personality, functioning, special needs, and capabilities.

ments, such as a salary paid to the alleged perpetrator for providing services. If indicated, seek a court order to obtain necessary records when an alleged perpetrator controls them and fails to cooperate.

5. **Allegations.** The alleged perpetrator's reactions to the allegations are elicited. Does he or she confirm any of the report? Are explanations offered that cast allegations in a more positive light or otherwise explain them? Provide opportunity for the alleged perpetrator to supply evidence which can disprove the report. If alleged behavior is admitted, does the perpetrator understand how this behavior creates problems for the suspected victim? Does this person admit alleged con-

Alleged perpetrators often respond with alarm and questions. In answering, investigators protect reporters' anonymity and remain truthful.

Does the alleged perpetrator find the suspected victim easy or hard to get along with, and why? How does the alleged perpetrator cope when the suspected victim is impatient or other problems occur?

3. **Care Provision.** If the alleged perpetrator provides care, detailed information is requested. What can the suspected victim do independently and what assistance does the alleged perpetrator provide? Are there other care providers? If so, who are they and what tasks do they complete? 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 want assistance?
4. **Financial Matters.** Financial exploitation investigations involve collecting detailed information regarding the suspected victim'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. Explore formal or informal financial arrange-

ments, but deny that the suspected victim is negatively impacted? What reason(s) are provided for this?

6. **Recommendations and Needs.** It can be fruitful to explore the alleged perpetrator's views regarding unmet needs of the suspected victim. Questions may include: Does the alleged perpetrator want the suspected victim to receive assistance from others? If so, what type of help and who should provide it? Does the alleged perpetrator want the suspected victim to take any steps, such as enter a care facility or receive medical treatment? Does the alleged perpetrator plan to make any changes in his or her relationship with the suspected victim? Does the alleged perpetrator feel that he or she requires help to care for the suspected victim? What, if any recommendations does the alleged perpetrator have for the investigator and the agency?

Analyzing Information

Information from the alleged perpetrator is carefully considered, along with all other investigatory findings, to draw conclusions regarding the allegations. Factors to consider include:

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- Did the alleged perpetrator cooperate with the investigation?
- If he or she provides care, is the description of the suspected victim's personality, limitations, and needs accurate?
- Is the care routine adequate?
- Are problems handled well?
- Does the alleged perpetrator seem able to fulfill care responsibilities?
- Is there a history of impulsive or dangerous behavior?
- How much access to and authority over the suspected victim and his or her assets does the alleged perpetrator have?
- Was evidence offered to disprove the allegations? If so, is the evidence convincing?
- Do the alleged perpetrator's explanations clear up the allegations?
- Are the recommendations expressed good for the suspected victim?
- Is the alleged perpetrator willing to cooperate with needed services?
- What are your impressions and do they support or refute the allegations?

Holly Ramsey-Klawnsnik has extensive experience conducting protective and court-ordered investigations and evaluating victims and perpetrators.

The author wishes to express appreciation to Lisa Klawnsnik, J.D., for contributions to this column and manuscript assistance. Ms. Klawnsnik is experienced in interviewing victims and prosecuting perpetrators of domestic and interpersonal violence (former assistant district attorney, Middlesex County, MA). She is also experienced in investigating allegations of professional malpractice towards clients (former prosecuting counsel for the Massachusetts Department of Public Health).

Table 1: Typology of Perpetrators

	Overwhelmed	Impaired	Narcissistic	Abusive	Sadistic
Motivation/Intention of perpetrator	To provide good care	To provide good care	To meet own needs via victim and victim's assets	To exert coercive control	To humiliate, terrorize, inflict pain
Victim's limitations, problems, and needs (i.e., incontinence, confusion, etc.)	Contribute to caregiver stress	Are misunderstood or mishandled by perpetrator	May provoke abusive reaction if annoying or inconvenient	One of many factors which can trigger perpetrator's explosive behavior	Not a primary motivating factor in this type of abuse but may be used to humiliate
Perpetrator's awareness of maltreatment	Recognizes problems	Unaware of problems	Does not care May not recognize	Justifies abusive behavior	Recognizes and enjoys maltreatment
Perpetrator's feelings/thoughts	Feels out-of-control Later feels shame, guilt, remorse	Feels OK about own actions	Self-absorbed Does not consider effects of maltreatment	Feels release/relief Believes victim deserves the abuse	Feels power, excitement, pleasure when abusing
Pattern of abuse	Episodic	Chronic or intermittent depending upon impairment	Chronic, may increase in severity over time	Chronic, with repeated temper outbursts	Chronic
Types of maltreatment typically seen	Verbal and/or physical outbursts; neglect	Neglect, misuse of restraints or meds, mismanagement of funds; physical abuse used to correct victim	Neglect & financial exploitation (may be extensive); threats or physical violence in service of exploitation	Coercive control of victim and resources; excessive expectations; psychological and physical abuse; some sexual abuse	Severe, chronic, deliberate, multifaceted abuse (may include physical, psychological, sexual, torture, or mutilation)
Perpetrator intimidates to prevent victim seeking help?	No	No	Yes	Yes	Yes
Typical victim response	Domestic cases—love attachment, gratitude; but upset regarding maltreatment	Victim often recognizes perpetrator's limitations, does not expect better	Victim feels used, or may be manipulated/tricked into believing perpetrator is trustworthy	Trauma, fear, hypervigilance, attempts to placate and appease perpetrator	Trauma, terror, submissive compliant behaviors to avoid abuse
Perpetrator seeks victims	No	No	Often	Yes	Yes
When confronted, perpetrator	-May deny due to embarrassment or fear of consequences; -May defend the behavior as inevitable; -May admit	Often acknowledges behavior but does not understand it is inappropriate	-Often avoids investigators -May attempt to charm or manipulate investigators and explain the behavior	-May lash out at investigators -May justify abusive behavior by blaming the victim -May manipulate	May attempt to charm, manipulate, avoid, or intimidate and threaten investigators
Facility cases occur when	Poor management practices exhaust and overwhelm normally competent staff	Poor hiring practices and compensation result in unqualified staff	Poor hiring/screening; poor ongoing supervision; inadequate monitoring policies	Poor hiring/screening; poor ongoing supervision; inadequate monitoring policies	Poor hiring/screening; poor ongoing supervision; inadequate monitoring policies
Intervention in domestic cases	Reduce caregiver burden and provide victim with additional caregivers	-Arrange additional qualified caregivers for victim -Offer services for perpetrator; if necessary, remove care responsibilities	-Provide victim counseling and support -Reduce victim's isolation and dependence on abuser -Empower victim -Criminal prosecution if appropriate	-Provide victim counseling and support -Reduce victim's isolation and dependence on abuser -Empower victim -Criminal prosecution if appropriate	-Provide victim counseling and support -Reduce victim's isolation and dependence on abuser -Empower victim -Criminal prosecution if appropriate
Intervention in facility cases	Reduce burden on staff (i.e., improve staffing patterns, training, supervision, and monitoring)	Terminate employment or reassign employee to appropriate tasks	-Terminate employment -Criminal prosecution if appropriate -Inform central registry	-Terminate employment -Criminal prosecution if appropriate -Inform central registry	-Terminate employment -Criminal prosecution if appropriate -Inform central registry

*Clinical Practice***Interviewing Suspected Victims**

by Holly Ramsey-Klawnsnik, Ph.D.*

Editor's Note: Interviewing suspected victims is a critical task in the investigation of alleged abuse, neglect, and exploitation. Skillful victim interviewing requires significant training and expertise. A well-conducted interview yields information which is relevant, reliable, and valid. This data can be enormously helpful to the suspected victim and those who care about this person, as well as to investigators, prosecutors, and the public-at-large. Organizations employing staff alleged to have abused clients or residents can use suspected victim interview data to guide administrative decision-making. Persons erroneously accused of abuse benefit from valid and reliable suspected victim interview results. While there is great potential benefit to well-conducted interviews, adverse consequences result when interviews are not conducted appropriately. Most significantly, vulnerable individuals may be subjected to ongoing and serious victimization.

This column will review clinical and forensic principles of suspected victim interviewing, discuss data-gathering techniques, and provide guidelines for responding to abuse disclosures. Victims who are elderly or have disabilities may experience limited English proficiency, aphasia or other speech problems, cognitive or sensory limitations, or psychiatric conditions. Interviewing in especially challenging situations will be addressed in the Clinical Practice Column which will be published in the next edition of VED.

Principles of Victim Interviewing

All aspects of an abuse investigation must be conducted in a forensically sound manner. (Holly Ramsey-Klawnsnik, "Clinical Practice: Investigating Alleged Victimization," 7 (2) VED (Jul./Aug. 2004).) Investigators need to learn and

comply with all applicable laws, standards, regulations, and policies. A key principle is approaching a suspected victim with respect and taking steps to preserve that person's rights and safety. It is vital to arrange the suspected victim interview for privacy and effectiveness. For example, interviewing in a resident's nursing home room in the presence of a roommate is contra-indicated. Similarly, it is inappropriate to allow staff or visitors to enter and exit the room during the interview. The investigator must plan in advance the circumstances of the interview to protect the suspected victim's safety and privacy. It is especially

son failed to hear or understand.

Interviewers should commence by introducing themselves and explaining their role, affiliation, and purpose. Interviewees should be helped to understand how information they provide will be used and their rights should be explained. These may include the right to refuse to be interviewed, to pass on specific questions, to ask questions, and to terminate the interview. Confidentiality and the limits should be discussed.

Rapport Building. Effective interviewing requires building and maintaining rapport. The interviewee should be approached in a respectful manner

The investigator must plan in advance the circumstances of the interview to protect the suspected victim's safety and privacy.

critical to insure that alleged perpetrators and any persons collaborating with perpetrators are not allowed to interfere with or overhear the interview.

Preparation for the Interview. Proper preparation for the interview involves planning the location, timing, and appropriate questions. Background information guides the planning. This includes information provided by the person who reported the allegations. Additional information may be sought from family members or care providers. Strategic planning requires avoiding alerting possible perpetrators of the pending interview and thereby giving them the opportunity to intimidate victims to prevent their cooperation.

Presentation Manner. The interviewer should present a non-threatening manner and communicate genuine interest in the interviewee and his or her difficulties. Speech must be clear, intelligible, and well-paced. Language must be adapted for the person being interviewed. The response time of older adults is longer than that of younger people. Provide time for an elder to consider questions and think through answers before assuming that the per-

and invited to explain special needs or request. For example, "Please sit on my left side because I cannot hear with my right ear." During rapport building, the interviewer and interviewee ideally get to know each other somewhat and become accustomed to each other's speech, language, and style of communication. During this phase, both typically assess the motives of the other. The interviewer demonstrating genuine concern for the suspected victim is likely to collect more information, and more accurate information, than the interviewer who fails to do this. Non-threatening conversation is advisable prior to asking about abuse allegations. This helps to build rapport and enables the interviewer to assess the interviewee's communication and cognitive abilities.

It is generally inadvisable to outnumber the interviewee with multiple interviewers or observers, as this increases anxiety and inhibits rapport building. Discussing experiences of abuse can evoke significant distress and discomfort in victims. The presence of multiple interviewers and observers can exacerbate these feelings and inhibit people from revealing victimization.

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The author expresses appreciation to Lisa Klausnik, J.D., for assistance with this column. Ms. Klausnik is experienced in interviewing victims and prosecuting offenders of domestic violence.

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Note-taking during the interview impedes building and maintaining rapport, can cause anxiety in the interviewee, and interferes with observing non-verbal responses. Care must be taken when making any notes during the interview. Interviewers are strongly encouraged to write detailed notes as soon as the interview is concluded. Delayed documentation results in omitted and erroneous data, thereby violating forensic principles.

Data-Gathering

During the interview, a delicate balancing act occurs. The interviewer balances the need to maintain rapport with the need to collect information. Overzealous data-collection alienates interviewees.

Observation. A primary data-gathering method is observation. How does the person appear and behave—well-groomed and properly dressed, alert, oriented, and comfortable? Or is there evidence of poor care, confusion, agitation, pain, intimidation, or other problems? It is essential to observe the environment of the suspected victim. Is it fairly orderly, clean, functional, and safe? Or is there evidence of poor care such as soiled linen, rotten food, lack of drinking water? The interviewer relies upon the senses—that seen, heard, smelled. The goals are to get a sense of the interviewee's functioning and environment and to determine if danger or 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 interviewee. Choosing observations to discuss, and broaching them respectfully, requires considerable interpersonal skill. Observations indicating immediate risk are addressed without delay, with the interviewee or others who may provide assistance. All significant observations are documented.

Questioning. The other primary data-gathering method is, of course, the questioning. There is a vast difference between social conversation and investigative interviewing. Clinical and forensic principles must be followed.

Proper question format is required. Question formats include open-ended, specific, yes/no, multiple choice, lead-

Interviewers are strongly encouraged to write detailed notes as soon as the interview is concluded. Delayed documentation results in omitted and erroneous data, thereby violating forensic principles.

ing or suggestive, and tag. Open-ended, specific, and yes/no questions are appropriate for the interview. Multiple choice questions can result in people answering incorrectly to select a provided option. These questions can also be confusing, particularly to persons with cognitive limitations. Tag questions make a statement and ask the respondent to agree, thereby becoming leading.

Following are recommended question formats:

- Open-ended: "How do you like living in this facility?"
- Specific: "How long have you lived here?"
- Yes/no: "Do the staff cause you any problems?"

Following are question formats that are not recommended:

- Multiple choice: "Are things here better, worse, or the same?"
- Leading: "Didn't that nurse make you mad?"
- Tag: "That nurse is hard to get along with, isn't she?"

Broad, open-ended question encourage information sharing and build 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, as well as any existing but unreported maltreatment. Progress to specific questions based upon responses 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. Personal questions are especially uncomfortable when posed by a stranger. Aggressive probing is contra-indicated at the outset of an interview. In the beginning, use carefully selected open-ended questions to encourage information sharing while minimizing discomfort. Questions are related to the allegations, as well as observations. Defer intrusive, highly focused, and potentially embarrassing questions until later in the interview. In some cases, especially where a person is traumatized and afraid to discuss abuse, it may be necessary to delay in-depth questioning until a second interview. Open-ended questions may result in revelation of problems or safety concerns. If so, gently probe to determine if the interviewee can more fully discuss the issue. Use a supportive, nonthreatening demeanor and express concern for safety to help people tolerate these questions.

Avoid Inappropriate Questions. Avoid inappropriate questions such as asking an individual the thoughts, feelings, or motives of others. These questions require mind reading and are likely to be answered incorrectly. (For example, "What was your son thinking when he cashed your check?") Questions that ask "why" are also problematic. (For example, "Why did you give your son that check?") "Why" questions tend to put people on the defensive because they imply wrongdoing.

Interviewees may change the subject when they feel uncomfortable with the discussion. Return to unanswered questions at a later time rather than pressure the person to continue when this occurs. Interviewers may find it appropriate to change the subject when it has been fully covered, or when the interviewee appears uncomfortable. However, it is inappropriate for the interviewer to change the subject because he or she is feeling anxious, despite the interviewee's desire to continue the discussion. This is especially problematic if the topic concerns the person'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.

Responding to Abuse Disclosures

Appropriate response to abuse disclosures preserves the integrity of the investigation and facilitates fact-finding.

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The first response to a disclosure of abuse should be an open-ended question that invites the person to describe the experience. For example:

Disclosure: "That aide hurts me when he showers me."

Inappropriate response: "Does he make the water too hot?"

Appropriate response: "Can you tell me more about that?"

Refrain from jumping into specific questions. People encouraged to describe experiences in their own words tend to provide more data, and more accurate data, than when questioned. Furthermore, specific questions run the risk of being suggestive. Avoid interrupting the interviewee's presentation to ask questions. Follow up on issues not fully explained when the person has finished. Demonstrate concern and interest, but refrain from asking questions simply to satisfy personal curiosity.

Attempt to collect abuse details:

- What happened?
- Who was involved?
- When, where, and how often did it occur?

- What is the seriousness of the victimization?
- What is the risk of continued harm?
- What is the victim impact?

As abuse details emerge, refrain from judgmental response. 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.

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 limits regarding how much information victims can comfortably reveal at one time.

Closing the Interview

In closing, thank the person for discussing the matter. Professionals hearing abuse disclosures often need to consider the information and discuss it with others involved in the case before formulating suggested interventions. Don't feel a need to instantly have all the answers for resolving a complex abuse situation. However, imminent safety risks call for action without delay to assist victims. ■

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