

# DOJ Elder Justice Efforts

Andy Mao  
National Elder Justice Coordinator



## ELDER JUSTICE INITIATIVE

- The **mission** is to support and coordinate the Department of Justice's enforcement and programmatic efforts to combat elder abuse, neglect, and financial fraud and scams that target older adults.
- The Initiative does so by—
  - Promoting justice for older adults.
  - Helping older victims and their families.
  - Enhancing state and local efforts through training and resources.
  - Supporting research to improve elder abuse policy and practice.



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Guiding  
Legislation



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# Elder Justice Act of 2010

P.L. 111-148

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## ELDER JUSTICE COORDINATING COUNCIL

Passed in 2010, the [Elder Justice Act](#) establishes the Elder Justice Coordinating Council to coordinate activities related to elder abuse, neglect, and exploitation across the federal government. The Elder Justice Coordinating Council is directed by the Office of the Secretary of Health and Human Services and the Secretary serves as the Chair of the Council. The HHS Secretary has assigned responsibility for implementing the Coordinating Council to the Administration on Aging (AoA) within ACL. AoA has long been engaged in efforts to protect older individuals from elder abuse including financial exploitation, physical abuse, neglect, psychological abuse, and sexual abuse. Through the Older Americans Act, AoA endeavors preserve the rights of older people and protect those who may not be able to protect themselves.

The Elder Justice Act also names the Attorney General (AG) of the U.S. as a permanent member of the Council. In addition to the Secretary of Health and Human Services and the AG, the statute provides for inclusion as Council members the heads of each federal department, agency, or governmental entity identified as administering programs related to abuse, neglect, or financial exploitation.

[View a list of EJCC members \(PDF\).](#)

- + The Problem of Elder Abuse
- + How the Elder Justice Coordinating Council Operates
- + Elder Justice Coordinating Council Meetings
- + Elder Justice Coordinating Council Products

### EJCC MEMBERSHIP

#### CHAIR

US Department of Health and Human Services

#### MEMBERS

US Department of Justice

Consumer Financial Protection Bureau

Corporation for National and Community Service

Federal Trade Commission

Social Security Administration

US Department of Agriculture

US Department of Homeland Security

US Department of Housing and Urban Development

US Department of the Interior

US Department of Labor

US Department of the Treasury

US Department of Veterans Affairs

US Postal Inspection Service

US Securities and Exchange Commission

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# Elder Abuse Prevention & Prosecution Act of 2017

P.L. 115–70

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## ELDER JUSTICE COORDINATORS (EJC)

- EJC in each federal judicial district
- Collaboration/coordination with federal and state professionals
- Receive extensive training
- Increase number of federal prosecutions

### Find Your United States Attorney

Select a district to find the United States Attorney, contact information, and news from the office.

Select a district



## PROMOTING ALZHEIMER'S AWARENESS TO PREVENT ELDER ABUSE ACT

### (b) DEPARTMENT OF JUSTICE ELDER JUSTICE COORDINATOR

#### (1) IN GENERAL

Not later than 60 days after October 18, 2017, the Attorney General shall designate an [Elder Justice](#) Coordinator within the Department of Justice who, in addition to any other responsibilities, shall be responsible for—

(A) coordinating and supporting the [law enforcement](#) efforts and policy activities for the Department of Justice on [elder justice](#) issues;

(B) evaluating training models to determine best practices and creating or compiling and making publicly available replication guides and training materials for [law enforcement](#) officers, prosecutors, judges, emergency responders, individuals working in victim services, [adult protective services](#), social services, and public safety, medical personnel, mental health personnel, financial services personnel, and any other individuals whose work may bring them in contact with [elder abuse](#) regarding how to—

(i) conduct investigations in [elder abuse](#) cases;

(ii) address evidentiary issues and other legal issues, including witnesses who have Alzheimer's disease and related dementias; and

(iii) appropriately assess, respond to, and interact with victims and witnesses in [elder abuse](#) cases (including victims and witnesses who have Alzheimer's disease and related dementias), including in administrative, civil, and criminal judicial proceedings; and

## Enforcement Efforts



### NURSING HOME CASES

FOR IMMEDIATE RELEASE

Wednesday, February 19, 2020

#### **Pennsylvania Nursing Home Chain To Pay \$15.5 Million to Settle False Claims Act Allegations of Inappropriate Therapy**

PHILADELPHIA – United States Attorney William M. McSwain announced today that Guardian Elder Care Holdings, Inc., and its related companies will pay \$15,466,278 to settle claims that the skilled nursing home chain provided medically unnecessary rehabilitation therapy to residents in order to meet revenue goals, instead of clinical needs. Guardian Elder Care operates more than fifty facilities throughout Pennsylvania—including locations in the Lehigh Valley, the Poconos, and Bucks County—as well as in Ohio and West Virginia.

The settlement resolves allegations in a whistleblower complaint filed in federal court in the Eastern District of Pennsylvania under the *qui tam* provisions of the False Claims Act. These provisions allow private citizens to bring civil actions on behalf of the United States and share in any recovery. The whistleblowers, Philippa Krauss and Julie White, will share approximately \$2.8 million of the recovery between them. Guardian Elder Care formerly employed both of these whistleblowers.

The whistleblowers generally alleged that Guardian Elder Care pressured its rehabilitation therapists to provide services to meet financial targets and maximize revenue, without regard to clinical need. For example, they alleged that certain patients suffered from dementia and did not need or want rehabilitation therapy, but Guardian Elder Care allegedly pressured therapists to provide those services anyway to meet revenue goals.

U.S. Attorneys » Northern District of Alabama » News

Department of Justice  
U.S. Attorney's Office  
Northern District of Alabama

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FOR IMMEDIATE RELEASE

Friday, February 4, 2022

#### **United States Files False Claims Act Lawsuit Against Tuscaloosa Psychiatrist for Improper Prescribing of Nuedexta to Nursing Home Residents**

**Dr. Charles T. Nevels Allegedly Prescribed Nuedexta in Return for Kickbacks and to Nursing Home Residents for Whom It Was Not Indicated**

BIRMINGHAM, Ala. – Today, U.S. Attorney Prim F. Escalona announced that the United States has filed suit against Dr. Charles T. Nevels, a psychiatrist who has worked in several nursing homes in Alabama. The complaint alleges that Dr. Nevels caused the submission to Medicare and Medicaid of false and fraudulent claims for the prescription drug Nuedexta, which is indicated only for the treatment of pseudobulbar affect (PBA), a condition characterized by involuntary laughing or crying. Nuedexta has not been shown to be safe and effective in non-PBA types of emotional lability that can commonly occur, for example, in Alzheimer's disease and other dementia.

The complaint alleges that from 2015 through 2019, the pharmaceutical company that manufactures Nuedexta paid Dr. Nevels more than \$400,000 to make speeches, but the speeches had few attendees, little value, and were intended to compensate Dr. Nevels for prescribing Nuedexta. For instance, in November 2016 the pharmaceutical company paid Dr. Nevels a \$2,000 speaker fee to give a presentation in Decatur, Alabama, that the company's records show had no attendees.

"The Department of Justice will fight to protect nursing home residents, including by ensuring that prescribing decisions affecting them are free from undue influence, and the medications they receive are medically appropriate for them," said U.S. Attorney Escalona.

# ELDER FRAUD CASES

## Former Caregiver Sentenced to State Prison for Defrauding Elderly Victims

Concord, NH – Attorney General John M. Formella announces that Christina Larièere, age 37, formerly of Bow, pleaded guilty and was sentenced on April 5, 2022, in the Rockingham County Superior Court, on felony and misdemeanor counts of identity fraud, forgery, theft, and credit card fraud.

Investigation revealed that in September 2018, Ms. Larièere, while working at a restaurant in Manchester, stole a customer's debit card information and used the information to make purchases for herself.

Between July and August 2019, while working as a caregiver at a long-term care facility in Londonderry, Ms. Larièere stole personal identifying information (PII), including social security cards and driver's licenses, from four elderly residents, ages 99, 97, 91, and 87, all of whom suffered from dementia. Ms. Larièere then used the PII of two of the residents to open credit card accounts in the residents' names. Ms. Larièere also stole a credit card belonging to one of the residents, using the card to make purchases for herself.

In November 2019, while employed as an in-home caregiver, Ms. Larièere stole cash from one elderly client, age 87, in Pelham and debit card information belonging to another elderly client, age 87, in Salem, using the debit card information to make purchases for herself. Ms. Larièere forged checks belonging to two additional elderly individuals in Pelham, and used another person's identity to open bank accounts in order to deposit these checks. Ms. Larièere used account information associated with one of the checks to make purchases for herself.

In December 2019, Ms. Larièere stole and used debit card information belonging to her landlord in Derry. Ms. Larièere also forged a check belonging to her landlord.

THE UNITED STATES ATTORNEY'S OFFICE  
WESTERN DISTRICT OF NORTH CAROLINA

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U.S. Attorneys » Western District of North Carolina » News

Department of Justice

U.S. Attorney's Office

Western District of North Carolina

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FOR IMMEDIATE RELEASE

Wednesday, May 5, 2021

### Charlotte Woman And Her Co-Conspirator Are Sentenced To Prison For Stealing \$300,000 From An Elderly, Dementia-Afflicted Victim

June 15th Is World Elder Abuse Awareness Day

CHARLOTTE, N.C. – Acting U.S. Attorney William T. Stetzer announced that a Charlotte woman and one of her two co-conspirators were sentenced to prison today for their involvement in a \$300,000 embezzlement scheme perpetrated on an elderly, dementia-afflicted victim.

Acting U.S. Attorney Stetzer is joined in making today's announcement by Robert R. Wells, Special Agent in Charge for the FBI in North Carolina, Tommy D. Coke, Inspector in Charge of the of the Atlanta Division of the U.S. Postal Inspection Service (USPIS), which oversees Charlotte, and Chief Joseph Hatley of the Mint Hill Police Department.

U.S. District Judge Max O. Cogburn Jr. sentenced Donna Graves, 58, to 97 months in prison and two years of supervised release. On October 2, 2020, a federal jury convicted Graves of conspiracy to commit wire fraud and money laundering conspiracy. Grave's co-conspirator, Gerald Maxwell Harrison, 54, of Mint Hill, N.C., was ordered to serve three years in prison, followed by three years of supervised release. Harrison pleaded guilty in May 2020, to wire fraud conspiracy, interstate transportation of stolen property, and money laundering conspiracy. In addition to the prison terms imposed, Judge Cogburn also

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# Tools and Training





**ELDER JUSTICE**  
**DECISION-MAKING CAPACITY**  
 SYMPOSIUM

elderjustice.gov/symposium

## The Role of Decision-Making Capacity in Elder Justice Cases that Reach Civil and Criminal Courts

Tuesday, April 19 to Thursday, April 21, 2022

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Judicial Guardianship Evaluation Worksheet	
CONFIDENTIAL	
Case #:	Hearing date: <a href="#">Link to Worksheet Overview</a>
Respondent:	Precipitating event, if any: <a href="#">Link to State Probate Services</a>
Petitioner:	
Proposed guardian:	Contested by: <input type="checkbox"/> Respondent <input type="checkbox"/> Multiple petitions <input type="checkbox"/> Other
<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Other	
I. RESPONSIVENESS	
A. Background	
Highest education:	Marital/Partnership status:
Age:	English literacy: <input type="checkbox"/> speak <input type="checkbox"/> read <input type="checkbox"/> write
Occupational history:	Preferred language: <input type="checkbox"/> interpreter required <input type="checkbox"/> Other language: <input type="checkbox"/> literacy: <input type="checkbox"/> speak <input type="checkbox"/> read <input type="checkbox"/> write
B. Cognition	
Areas of concern: <input type="checkbox"/> memory <input type="checkbox"/> concentration <input type="checkbox"/> wandering <input type="checkbox"/> aggression <input type="checkbox"/> confusion <input type="checkbox"/> episodes of delirium	
Diagnosis of dementia: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe Rx: <input type="checkbox"/> no known deficit	
Other: <input type="checkbox"/>	
Retained abilities:	
C. Mental Health	
Areas of concern: <input type="checkbox"/> depression <input type="checkbox"/> anxiety <input type="checkbox"/> hallucinations <input type="checkbox"/> delusions <input type="checkbox"/> impulsive behavior <input type="checkbox"/> substance abuse	
Diagnosis: <input type="checkbox"/> hearing <input type="checkbox"/> other: <input type="checkbox"/>	Rx: <input type="checkbox"/> no known deficit
Comments:	
D. Medical Conditions and Physical Functioning	
Relevant medical diagnoses:	Acute Chronic Reversible
Areas of concern: <input type="checkbox"/> inadequate self-management <input type="checkbox"/> mobility <input type="checkbox"/> frequent falls <input type="checkbox"/> pain <input type="checkbox"/> physical frailty <input type="checkbox"/> incontinence	
Diagnosis: <input type="checkbox"/> legally blind <input type="checkbox"/> hearing impaired <input type="checkbox"/> adaptive equipment: <input type="checkbox"/>	Other: <input type="checkbox"/> no known conditions
E. Basic Activities of Daily Living	
Areas of concern: <input type="checkbox"/> eating/feeding <input type="checkbox"/> bathing <input type="checkbox"/> dressing <input type="checkbox"/> toileting <input type="checkbox"/> grooming <input type="checkbox"/> no known deficit	
Retained abilities:	
F. Instrumental Activities of Daily Living	
Areas of concern: <input type="checkbox"/> meal preparation/adequate nutrition <input type="checkbox"/> housekeeping <input type="checkbox"/> personal finances <input type="checkbox"/> shopping <input type="checkbox"/> medications	
Diagnosis: <input type="checkbox"/> arranging transportation <input type="checkbox"/> internet use <input type="checkbox"/> telephone use <input type="checkbox"/> other: <input type="checkbox"/>	Other: <input type="checkbox"/> no known deficit
Retained abilities:	
G. Judgment, Reasoning, and Executive Functioning	
Areas of concern: <input type="checkbox"/> identify abuse/neglect/protect self from harm <input type="checkbox"/> recognize potential danger/respond to emergencies	
Diagnosis: <input type="checkbox"/> understanding of care needs <input type="checkbox"/> susceptibility to exploitation/undue influence <input type="checkbox"/> prior episodes of mistreatment	Other: <input type="checkbox"/> no known deficit
H. Social Connectedness	
Areas of concern: <input type="checkbox"/> limited contact with family/friends/community <input type="checkbox"/> recent relocation <input type="checkbox"/> recent loss of significant relationship	
Diagnosis: <input type="checkbox"/> lack of significant long-term relationships/attachments	
I. Values & Preferences	
Accepts court-appointed guardian? <input type="checkbox"/> yes <input type="checkbox"/> no	
Current most valued relationships/associations/activities:	
Consistency of preferences with past patterns:	
Importance of religious/cultural/spiritual influences: <input type="checkbox"/> insistence on family care <input type="checkbox"/> pets	
Preference to age-in-place: <input type="checkbox"/> rejection of needed care <input type="checkbox"/> other: <input type="checkbox"/>	

Kirk School of Medicine of USC  
Department of Family Medicine

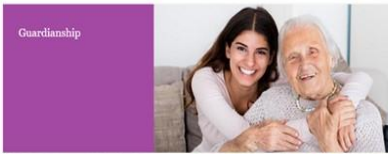
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Support for this program provided by the generosity of Justice Initiative and the  
Office of Medicine by USC's Department of Justice through the Elder Justice Initiative

# Judicial Guardianship Evaluation Worksheet

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<https://www.justice.gov/elderjustice/help-judges-hearing-guardianship-cases>





**Guardianship overview**

Guardians are appointed when a court determines that an individual is at risk because they cannot make decisions for themselves and there is no less restrictive way to meet the individual's needs. Guardianship may remove a broad spectrum of rights from the individual.

**Less restrictive options**

Guardianship should be a last resort because it takes away individual rights. There is an array of alternatives to guardianship.

**Guardianship: Key concepts and resources**

State law governs many aspects of guardianship, including the process for appointing the guardian, protections for the person subject to guardianship, and the duties of guardians once appointed. Guardians should use person-centered planning to guide actions and change in the person's life.



**Mistreatment and abuse by guardians and other fiduciaries**

Some guardians have taken advantage of people for whom they have been appointed. There are remedies for abuse, neglect and exploitation by guardians and other fiduciaries through the courts and through government entities and non-profit agencies.

**Help for judges hearing guardianship cases**

A new tool and accompanying resources to assist judges adjudicating guardianship.

**More resources about guardianship and alternatives**

Helpful websites with more information about guardianship and alternatives.

# Guardianship Webpages

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<https://www.justice.gov/elderjustice/guardianship>

# Finding the Right Fit: Decision-Making Supports and Guardianship

NCSA Home Course catalog FAQ Signup Login

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**Free Online Training Course**  
 Finding the Right Fit: Decision-Making Supports and Guardianship

Finding the Right Fit: Decisi...

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<https://www.eldersandcourts.org/training/finding-the-right-fit>

## TRAINING

### RESPONDING TO ELDER ABUSE VICTIMS WITH ALZHEIMER'S DISEASE OR OTHER DEMENTIAS

Review the YouTube Terms of Service [and](#) the Google Privacy Policy [.](#)

**PREVALENCE**

5.4 million in the US

**24.3 Million Worldwide**

Watch on YouTube

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## LAW ENFORCEMENT TRAINING

### WHAT OFFICERS NEED TO KNOW

Alternative charges, legal issues, guides and training materials



### LEGAL TERMS OFFICERS NEED TO KNOW

- Legal Issues Related to Elder Abuse: A Pocket Guide for Law Enforcement (2014)  
A comprehensive guide for law enforcement responding to elder abuse, including a list of alternative charges and explanations for aspects of elder abuse such as powers of attorney and other legal terms law enforcement needs to know.
- Durable Power of Attorney Abuse: It's a Crime Too  
3-page document explaining the circumstances under which a durable power of attorney document may still constitute a criminal offense.

### ALZHEIMER'S DISEASE AND RELATED DEMENTIAS AND ELDER ABUSE

- Safe Return: Alzheimer's Disease Guide for Law Enforcement [\(Alzheimer's Association\)](#)
- A Booming Problem: Alzheimer's, Dementia, and Elder Abuse (COPS Office)
- Approaching Alzheimer's: First Responder Training Program [\(Alzheimer's Association\)](#)
- Communicating with Someone with Dementia [\(Alzheimer's Association\)](#)

### HIPAA REQUIREMENTS

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## FORENSIC INTERVIEW TRAINING



## SAFE

(Safe Accessible Forensic Interviewing for Elders)

4-Day Advanced Certificate Training

2-Day Training on Communicating with Older Adults

1-Day Training on Abuse of Older Adults

## FORENSIC INTERVIEW TRAINING

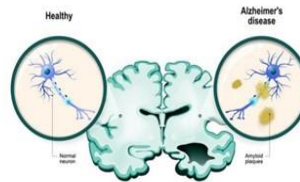
### Types of Dementia

- Alzheimer's disease
- Vascular NCD
- Frontotemporal NCD
- Substance/medication-induced NCD
- NCD with Lewy bodies
- NCD due to:
  - Parkinson's disease
  - Traumatic brain injury
  - HIV infection
  - Huntington's disease
  - Prion disease
  - Other medical conditions
  - Multiple etiologies

## FORENSIC INTERVIEW TRAINING

### Common Subtypes of Dementia/NCDs

- Alzheimer's disease
  - Affects approximately 5.8 million Americans
  - 5<sup>th</sup> leading cause of death for older Americans
  - Gradual onset
  - Progressive Degeneration
  - Memory impairment
  - Language deficits
  - Declines in visual/spatial processing



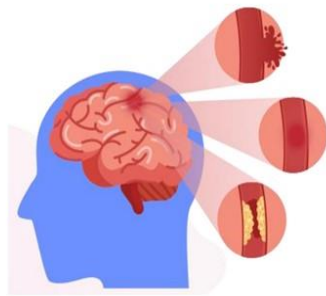
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## FORENSIC INTERVIEW TRAINING

### Common Subtypes of Dementia/NCDs

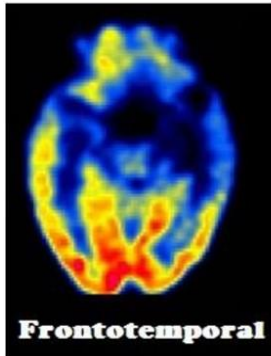
- Vascular Dementia
  - Damage to the brain
    - Restricts blood flow
    - Series of small strokes
    - Single major stroke
    - Other chronic conditions
  - Functional and cognitive deficits are determined by location of stroke(s)



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## FORENSIC INTERVIEW TRAINING



### Common Subtypes of Dementia/NCDs

- Frontotemporal Dementia (FTD)
  - Affects frontal and temporal parts of the brain
  - Changes in personality
  - Changes in behavior
  - Memory is not affected in early stages
  - Movement is affected: tremors, rigidity, muscle spasms, loss of coordination, swallowing problems
  - Most people develop symptoms between 45 and 60 years

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## FORENSIC INTERVIEW TRAINING



### Person First Language

- Do not use the word "demented"
- Instead
  - Explore what that means for the individual
  - Ask about how they learned the individual has dementia
  - Discuss how dementia is affecting the individual

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## FORENSIC INTERVIEW TRAINING



### Stages of Alzheimer's Dementia

- Continuum of stages:
  - No impairment – Severe decline
- Based on signs and symptoms on how the brain's functions to meet the older adult's needs are impacted
- **NOT** solely based on memory/recall
- Varies from person to person

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## FORENSIC INTERVIEW TRAINING



### Stages of Alzheimer's Dementia

- Older adults with severe impairment
  - Severe memory loss
  - Unable to recognize people close to them or themselves
  - Believe they are in a different place
  - Believe they are in a different time period
- May not be able to participate in a forensic interview
  - If attempted, proceed with caution
  - Ensure interview is legal and ethical
  - Watch for signs of distress

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## FORENSIC INTERVIEW TRAINING



### Stages of Alzheimer's Dementia

- Older adults with mild to moderate impairments
  - Forgetful of details, especially recent events
  - Likely to repeat
  - Likely to lose train of thought
  - Slower to grasp complex ideas
  - Difficulty handling money
  - Losing interest in hobbies/activities
- Likely can participate in a forensic interview
  - May need to be re-oriented to time/place

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## FORENSIC INTERVIEW TRAINING

### Interview Challenges

- Do not make assumptions based on diagnosis or lack of diagnosis
- Be aware of these patterns
  - Difficulty finding words/the right words
  - Repeat stories
  - Feeling overwhelmed
  - Extensively use familiar words
  - Describe objects instead of naming them
  - Lose track of ideas when speaking
  - Unable to answer a question that asks them to describe multiple events

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## FORENSIC INTERVIEW TRAINING

### Dementia: Strategies for Communicating

- Show interest
- Listen
- Be respectful
- Plan for more time
- Consider best time of day
  - Sundowning
- Physical approach
  - Approach from the front
  - Face the person
  - Maintain eye contact
  - Minimize using hands
  - Avoid sudden movements

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## FORENSIC INTERVIEW TRAINING

### Dementia: Strategies for Communicating

- Make water available
- Remove distraction
- Minimize number or people
- Consider medications
- Physical approach
  - Stay 6 feet apart
  - Wave as approaching
  - Approach from dominate side
  - Shake hands, but don't force
  - Stay at supportive angle, do not lean in unless mirroring the older adult's body language

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## FORENSIC INTERVIEW TRAINING



### Critical Issues: Victims with Dementia

- Interviews should always be considered or attempted
- Other considerations
  - Using supportive touch
  - Addressing agitation
  - Dealing with reality disorientation

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## FORENSIC INTERVIEW TRAINING



### Critical Issues: Victims with Dementia

- Using supportive touch
  - When initiated by the interviewee
  - Intentional decision
  - Rapport building
  - Redirection

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## FORENSIC INTERVIEW TRAINING



### Critical Issues: Victims with Dementia

- Addressing agitation
  - Use language that implies doing an activity together: “Let’s talk”
  - Keep body language soft/open
  - Use calm tone
  - Use simple language
  - Use short questions
  - Redirect to a new topic
  - Do not argue
  - Provide supportive statements

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Victim  
Resources



FIND HELP OR REPORT ABUSE



Call

If this is an emergency, call **9-1-1** for immediate help

For non-life threatening emergencies, call:

- Eldercare Locator helpline **1-800-677-1116**
- or the Victim Connect hotline **1-855-4VICTIM** (1-855-484-2846)



Report Abuse to APS

You can report suspected abuse to **Adult Protective Services Association**

Report Financial Exploitation

Find the Right Reporting Agency for Financial Exploitation through the **Elder Abuse Resource Roadmap: Financial**

QUICK EXIT

Click 'Quick Exit' above to immediately leave this site. If you are in immediate danger, call 911.



Find Help Near You

Find elder abuse resources in your state

Eldercare Locator useful links and resources

# Find Help or Report Abuse

## HELPING OLDER VICTIMS

WYOMING NEIGHBORHOOD MAP

State: Wyoming | Neighborhood | List

**LEGAL AID**

**Washington State Bar Association**  
Phone: 206-443-9722  
Hotline: 800-945-9722  
questions@wsba.org

**Washington CLEAR<sup>®</sup>Sr.**  
Phone: 206-464-1519  
Hotline: 206-464-1519

**Washington Law Help**



OFFICE FOR VICTIMS OF CRIME

Recursos en Español | FAQs

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JUSTICE FOR VICTIMS • JUSTICE FOR ALL

- Topics A-Z
- News & Features
- Providers/Community Leaders
- Help for Crime Victims
- Grants & Funding
- Library & Multimedia
- Crime Victims' Rights
- Public Awareness
- About OVC

## National Elder Fraud Hotline

To help combat fraud against older Americans and provide services to victims, OVC announces the launch of the National Elder Fraud Hotline. Call 833-FRAUD-11 (833-372-8311) to receive help from a hotline case manager.

Learn more on the [National Elder Fraud Hotline](#) website.



**NATIONAL ELDER  
FRAUD HOTLINE**

**1-833-FRAUD-11**

**1-833-372-8311**



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<https://stopelderfraud.ovc.ojp.gov/>

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# Thank You

Andy Mao  
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